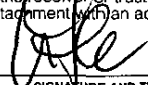


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 24, 2004 8:00 am
Secretary of State

08-24-2004 90001 050 ****61.25

DOCUMENT # N02000006201					
1. Entity Name THE TIB FINANCIAL CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3200 TAMiami TRIal NORTH STE 200 NAPLES, FL 34103			Mailing Address 3200 TAMiami TRIal NORTH STE 200 NAPLES, FL 34103		
2. Principal Place of Business 2180 Immokalee Rd. Suite, Apt. #, etc. 308		3. Mailing Address 2180 Immokalee Rd. Suite, Apt. #, etc. 308			
City & State Naples FL		City & State Naples FL		4. FEI Number 22-3864640	
Zip 34110		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				07212004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent WOODWARD, MARK J 3200 TAMiami TRIal NORTH STE 200 NAPLES, FL 34103			7. Name and Address of New Registered Agent Name: William K. Klon Street Address (P.O. Box Number is Not Acceptable): 2180 Immokalee Rd # 308 City: Naples FL Zip Code: 34110		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 7/21/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLOAN, WILLIAM L 2180 IMMOKALEE ROAD STE 308 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, DENISE 2180 IMMOKALEE ROAD STE 308 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUAN, W. PATRICK 2180 IMMOKALEE ROAD STE 308 NAPLES, FL 34110	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date				Daytime Phone #	

34069601