2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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DOCUMENT # N02000006201

1. Entity Name
THE TIB FINANCIAL CENTER CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
3200 TAMIAMI TRIAL NORTH STE 200 NAPLES, FL 34103	3200 TAMIAMI TRIAL NORTH STE 200 NAPLES, FL 34103

07212004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business		3. Mailing Address	
2180 Immokalee Rd.		2180 Immokalee Rd.	
Suite, Apt. #, etc. 308		Suite, Apt. #, etc. 308	
City & State: Naples FL		City & State: Naples FL	
Zip: 34110	Country: USA	Zip: 34110	Country: USA

4. FEI Number 22-3864640 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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 Kloan
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 [signature] 7/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #