
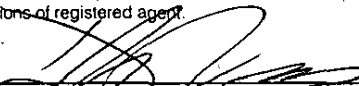
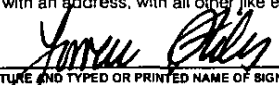


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 30, 2007 8:00 am**  
**Secretary of State**

07-30-2007 90063 043 \*\*\*\*70.00

<b>DOCUMENT # N11982</b> 1. Entity Name <b>TIBURON PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>1074 SW TIBURON WAY PALM CITY, FL 34990</b>			Mailing Address <b>% BRISTOL MGMT 1930 COMMERCE LANE STE 1 JUPITER, FL 33458 US</b>		
2. Principal Place of Business - No P.O. Box # <b>NO CHANGE - CHECK SP OF "TIBURON"</b>			3. Mailing Address <b>PO BOX 572</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State <b>PALM CITY, FL</b>		
Zip <b>34990</b>		Country <b>USA</b>		07032007 Chg-NP CR2E037 (12/06)	
4. FEI Number <b>59-2562416</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BRISTOL MANAGEMENT 1930 COMMERCE SUITE 1 JUPITER, FL 33458</b>			7. Name and Address of New Registered Agent Name <b>DEBORAH ROSS, Esq.</b> Street Address (P.O. Box Number is Not Acceptable) <b>ROSS EAKES BOWMAN PA</b> <b>759 S. Federal Highway #212</b> City <b>Stuart</b> FL Zip Code <b>34994</b>		
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  <span style="float: right;">7/3/07</span> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GOLOD, MARY 1179 SW CATALINA ST PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ANDREA RAPHAEL 842 SW CATALINA ST PALM CITY, FL 34990
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STILES, LORREN 3906 S.W. SAN CLEMENTE COWER PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS HAACK 789 CATALINA ST PALM CITY, FL 34990
				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNING, FRED 1127 SW CATALINA STREET PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIPO, DANA 1203 SW TIBURON WAY PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b>  <span style="float: right;">7/27/07 861-775-5595</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					