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Mar 26 1998 8:00am

Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000007079 (3)

1. Corporation Name

TIBURON MASTER PROPERTY OWNERS' ASSOCIATION, INC



Principal Place of Business

Mailing Address

1625 HENDRY STREET, SUITE 301  
FORT MYERS FL 33901

~~1625 HENDRY STREET, SUITE 301~~  
~~FORT MYERS FL 33901~~

3. Date Incorporated or Qualified

12/19/1997

4. FEI Number

65-0819980

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Fereydoon Rabi

22 City & State

27 P. O. Box 3258

23 Zip

Country

28 City & State

28 Naples, Florida

24 Zip

25 Country

29 33939

Country

30 U.S.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUMPHREY, JAMES T ESQ  
HUMPHREY & KNOTT, P.A.  
1625 HENDRY STREET, SUITE 301  
FT MYERS FL 33901

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME RABII, FEREYDOON  
STREET ADDRESS P.O. BOX 3258 N/A  
CITY-ST-ZIP NAPLES FL 34106-3258

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  
NAME ROEDER, MICHAEL E  
STREET ADDRESS 1625 HENDRY STREET, SUITE 301  
CITY-ST-ZIP FORT MYERS FL 33901

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  
NAME DEWHIRST, NED  
STREET ADDRESS 6202 PRESIDENTIAL COURT, SUITE D  
CITY-ST-ZIP FORT MYERS FL 33907

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Fereydoon Rabi

2-7-98

592-9552

CR2E037 (10/97)