

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28, 1999 8:00am
Secretary of State

01-28-1999 90024 040 *****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000007079

1. Corporation Name

TIBURON MASTER PROPERTY OWNERS' ASSOCIATION, INC

Principal Place of Business

1625 HENDRY STREET, SUITE 301
FORT MYERS FL 33901

Mailing Address

FEREYDOON RABII
P. O. BOX 3258
NAPLES FL 33939
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/19/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0819980	
24 Country		29 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		31		Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 RABII, FEREYDOON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 3258 N/A	1.2 NAME	
STREET ADDRESS	NAPLES FL 34106-3258	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D ROEDER, MICHAEL E	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1625 HENDRY STREET, SUITE 301	2.2 NAME	
STREET ADDRESS	FORT MYERS FL 33901	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D DEWHIRST, NED	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6202 PRESIDENTIAL COURT, SUITE D	3.2 NAME	
STREET ADDRESS	FORT MYERS FL 33907	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: FEREYDOON RABII
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-2-99 941-592-9552

CR2E037 (11/98)