

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000007079

FILED  
Sep 10, 2003  
Secretary of State

**Entity Name:** TIBURON MASTER PROPERTY OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

365 5TH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

365 5TH AVENUE SOUTH  
SUITE 201  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 65-0819980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THOMAS, CHARLES  
365 5TH AVENUE SOUTH, #201  
NAPLES, FL 34102

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMAS, CHARLES  
Address: 365 5TH AVENUE SOUTH, #201  
City-St-Zip: NAPLES, FL 34102

Title: D ( ) Delete  
Name: ROEDER, MICHAEL  
Address: 1625 HENDRY STREET, SUITE 301  
City-St-Zip: FORT MYERS, FL 33901

Title: D ( ) Delete  
Name: DEWHIRST, NED  
Address: 6202 PRESIDENTIAL COURT, SUITE D  
City-St-Zip: FORT MYERS, FL 33907

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES THOMAS

D

09/10/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date