

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000007189

FILED
Apr 17, 2007
Secretary of State

Entity Name: NORMAN ESTATES AT TIBURON HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

MEDALLIST LANE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10519
NAPLES, FL 341010519

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMiami TRAIL E.
NAPLES, FL 34113

FEI Number: 59-3574520

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
C/O COLLIER FINANCIAL INC.
4985 E TAMiami TRAIL
NAPLES, FL 34113 US

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: PD () Delete
Name: SALYER, DON
Address: 2730 MEDALLIST LANE
City-St-Zip: NAPLES, FL 34109

Title: STD () Delete
Name: FULTON, LYNN
Address: 2762 MEDALLIST LN
City-St-Zip: NAPLES, FL 34109

Title: VD () Delete
Name: PALAZZO, SAM
Address: 2706 MEDALLIST LN
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (X) Change () Addition
Name: SIEPERDA, DEAN
Address: 2754 MEDALLIST LN
City-St-Zip: NAPLES, FL 34109

Title: VD (X) Change () Addition
Name: FLANDERS, RICHARD
Address: 2746 MEDALLIST LN
City-St-Zip: NAPLES, FL 34109

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DON SALYER

PD

04/17/2007

Electronic Signature of Signing Officer or Director

Date