2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 22, 2001 8:00 am
Secretary of State
02-22-2001 90123 011 ****61.25

DOCUMENT # N99000001478

1. Entity Name

THE BOLERO I AT TIBURON CONDOMINIUM ASSOCIATION,

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DR., SUITE 300 BONITA SPGS FL 34134	24301 WALDEN CENTER DR., SUITE 300 BONITA SPGS FL 34134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3564003 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HASTINGS, VIVIEN N 24301 WALDEN CENTER DR., SUITE 300 BONITA SPGS FL 34134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OAK, TIMOTHY 24301 WALDEN CENTER DR., SUITE 300 NAPLES FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GREENBERG, MICHAEL 24301 WALDEN CENTER DR., SUITE 300 NAPLES FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS HAYDEN, KENNETH W 24301 WALDEN CENTER DR., SUITE 300 NAPLES FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TRAVIS, DUSTIN 24301 WALDEN CENTER DR., SUITE 300 NAPLES FL 34134	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D EASTMAN, KELLY 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT Eastman, Kelly 24301 Walden Center Dr. Bonita Springs, FL 34134 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. 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 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.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #