FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING UPFICER OR DIRECTOR

Apr 11, 2002 8:00 am Secretary of State DOCUMENT # N9900001478 1. Entity Name THE BOLERO I AT TIBURON CONDOMINIUM ASSOCIATION. 04-11-2002 90040 048 ****61.25 Principal Place of Business Mailing Address 24301 WALDEN CENTER DR., SUITE 300 24301 WALDEN CENTER DR., SUITE 300 BONITA SPGS FL 34134 BONITA SPGS FL 34134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3564003 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) HASTINGS, VIVIEN N 24301 WALDEN CENTER DR., SUITE 300 **BONITA SPGS FL 34134** City 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) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. **Department of State** Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PRESIDENT PID (9/01)Delete Change ☐ Addition TITLE TITI E OAK, TIMOTHY NAME NAME RALPH MacNIVEN 1013 GRAND ISLE DRIVE NAPLES, FL 34108 VICE PRESIDENT V/D 24301 WALDEN CENTER DR., SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34134 Delete TITLE TITI E Change ☐ Addition HAYDEN, KENNETH W CHRIS MARSALA NAME NAME 24301 WALDEN CENTER DR., SUITE 300 161 GOFF AVENUE STREET ADDRESS STREET ADDRESS STATEN ISLAND NY 10309 CITY-ST-ZIP NAPLES FL 34134 CITY-ST-ZIP SECRETARY /TREASURER 5/T/D Change TITLE - Delete EASTMAN, KELLY RICK KNORR NAME 24301 WALDEN CENTER DRIVE 2609 ESTRELLA COURT #1803 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BONITA SPRINGS FL 34134** CITY-ST-ZIP NAPLES FL 34109 Delete ☐ Change TITLE Addition TITLE EASTMAN, KELLY NAME NAME 24301 WALDEN CENTER DR STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP **BONITA SPRINGS FL 34134** ☐ Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 attachm.

Chris Marsali

Daytime Phone #