NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001478

1. Entity Name: The Bolero I at Tiburon Condominium Association, Inc.

FILED
02 SEP -- PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED SEP 0_ 2002

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*****61.25 *****61.25
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2. Principal Place of Business	3. Mailing Address
24301 Walden Center Dr	24301 Walden Center Dr
Suite, Apt. #, etc. 300	Suite, Apt. #, etc. 300
City & State: Bonita Springs, FL	City & State: Bonita Springs, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

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

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

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7. Name and Address of Current Registered Agent
Name: WCI Communities Property Management
Street Address (P.O. Box Number is Not Acceptable): 24301 Walden Center Dr.
City: Bonita Springs FL Zip Code: 34134

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] Sylvia Keith Secretary DATE: 7-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS $61.25 ... Initial or Amended UBR

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

TITLE	PD
NAME	MacNiven, Ralph
STREET ADDRESS	1013 Grandisle Dr
CITY-ST-ZIP	Naples, FL. 34108
TITLE	VD
NAME	Marsala, Chris
STREET ADDRESS	161 Goff Ave
CITY-ST-ZIP	Staten Island, NY 10309
TITLE	STD
NAME	Knorr, Rick
STREET ADDRESS	2609 Estrella Ct. #1903
CITY-ST-ZIP	Naples, FL. 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Date: 8/27/02 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

js 9/10/02