2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N99000001478

Entity Name: BOLERO AT TIBURON CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

BOLERO DRIVE
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

PO BOX 10519
NAPLES, FL 34101

New Mailing Address:

FEI Number: 59-3564003 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WCI COMMUNITIES PROPERTY MANAGEMENT, INC.
24201 WALDON CENTER DRIVE
BONITA SPRINGS, FL 34134 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: VD ( ) Delete
Name: MCKNIGHT, ALICE
Address: 2630 BOLERO DR.
City-St-Zip: NAPLES, FL 34109

Title: PD ( ) Delete
Name: KAUFMAN, JAMES
Address: 87 EAST WASHINGTON STREET
City-St-Zip: CHAGRIN FALLS, OH 44022

Title: DS ( ) Delete
Name: PERRON, RALPH
Address: 2638 BOLERO DRIVE
City-St-Zip: NAPLES, FL 34109

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: MCKNIGHT, ALICE
Address: 2630 BOLERO DR.
City-St-Zip: NAPLES, FL 34109

Title: VD (X) Change ( ) Addition
Name: WARD, BOB
Address: 2621 ESTRELLA CT 103
City-St-Zip: NAPLES, FL 34109

Title: VD (X) Change ( ) Addition
Name: PERRON, RALPH
Address: 2638 BOLERO DRIVE
City-St-Zip: NAPLES, FL 34109

Title: TD ( ) Change (X) Addition
Name: SHULTE, DONN
Address: 2634 BOLERO DR 102
City-St-Zip: NAPLES, FL 34109

Title: SD ( ) Change (X) Addition
Name: PETERSON, LEROY
Address: 2625 ESTRELLA CT 103
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: ALICE MCKNIGHT PD 04/25/2006

Electronic Signature of Signing Officer or Director — Date