

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001478

FILED  
Jan 07, 2008  
Secretary of State

**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:**

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

**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:**

COLLIER FINANCIAL, INC  
4985 TAMiami TRL E  
NAPLES, FL 34113      US

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: STEPHEN P. HART

01/07/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

Title: SD      ( ) Delete  
Name: PETERSON, LEROY  
Address: 2625 ESTRELLA CT 103  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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

01/07/2008

Electronic Signature of Signing Officer or Director

Date