

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001478

FILED
Apr 16, 2009
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:

COLLIER FINANCIAL, INC
4985 TAMiami TRL E
NAPLES, FL 34113 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: 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 (X) 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 MC KNIGHT

PD

04/16/2009

Electronic Signature of Signing Officer or Director

Date