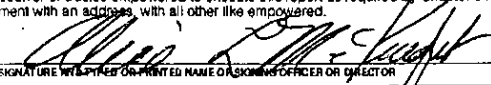


FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90189 034 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N99000001478					
1. Entity Name THE BOLERO I AT TIBURON CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DR., SUITE 300 BONITA SPGS, FL 34134			Mailing Address 24301 WALDEN CENTER DR., SUITE 300 BONITA SPGS, FL 34134		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3564003	
				☐ CHECK HERE IF MAKING CHANGES	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WCI COMMUNITY PROPERTY MANAGEMENT 24301 WALDEN CENTER DR., SUITE 300 BONITA SPGS, FL 34134				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when submitting) DATE					
FILE NOW FEE IS \$81.25		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MACNIVEN, RALPH		NAME		
STREET ADDRESS	1013 GRANDISLE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MARSALA, CHRIS		NAME		
STREET ADDRESS	161 GOFF AVENUE		STREET ADDRESS		
CITY-ST-ZIP	STATEN ISLAND, NY 10309		CITY-ST-ZIP		
TITLE	STD	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	KNORR, RICK		NAME	STD	
STREET ADDRESS	2609 ESTRELLA CT #1803 -		STREET ADDRESS	McKnight, ALICE	
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	2630 BOLERO DR.	
TITLE		☐ Delete	TITLE	NAPLES, FL 34109	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 attachment with an address, with all other like empowered.					
SIGNATURE:  4-4-03					
SIGNATURE WITH TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

90089266



CR2E037 (10/02)