

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90040 047 \*\*\*\*61.25

0049951

**DOCUMENT # N99000001483**

1. Entity Name

**THE BOLERO III AT TIBURON CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

24301 WALDEN CENTER DR., SUITE 300  
 BONITA SPRINGS FL 34134

24301 WALDEN CENTER DR., SUITE 300  
 BONITA SPRINGS 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

65-0904059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASTINGS, VIVIEN N**  
 24301 WALDEN CENTER DR., SUITE 300  
 BONITA SPRINGS FL 34134

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	OAK, TIMOTHY	
STREET ADDRESS	24301 WALDEN CENTER DR., SUITE 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DSV	<input checked="" type="checkbox"/> Delete
NAME	HAYDEN, KENNETH W	
STREET ADDRESS	24301 WALDEN CENTER DR., SUITE 300	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	EASTMAN, KELLI	
STREET ADDRESS	24301 WALDEN CENTER DR.	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGER DAVIDSON	
STREET ADDRESS	4650 SIDELINE, 8 RR # 5	
CITY-ST-ZIP	CLAREMONT, ONTARIO CANADA	
TITLE	VIC PRESIDENT V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORI MACKENZIE	
STREET ADDRESS	2642 BOLERO DRIVE #3	
CITY-ST-ZIP	NALES, FL 34109	
TITLE	SECRETARY / TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEPHEN BRYAN	
STREET ADDRESS	88 E WESTLEIGH ROAD	
CITY-ST-ZIP	LAKE FOREST, IL 60045	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:**

*Mori MacKenzie* **MORI MACKENZIE** 3/30/02 941-234-4153  
*Wayne Dammert* **Wayne Dammert** 1/29/02 941-594-3183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)