FILED
Apr 23, 2003 8:00 am
Secretary of State
04-23-2003 90175 001 ****61.25

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

DOCUMENT # N99000001485

1. Entity Name
THE BOLERO II AT TIBURON CONDOMINIUM ASSOCIATION, INC.

11009850

Principal Place of Business	Mailing Address
24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134	24301 WALDEN CENTER DRIVE SUITE 300 BONITA SPRINGS, FL 34134

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
24201 WALDEN CENTER DR	24201 WALDEN CENTER DR
Suite, Apt. #, etc.: 206	Suite, Apt. #, etc.: 206
City & State: BONITA SPRINGS, FL	City & State: BONITA SPRINGS, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

4. FEI Number: 59-3564349 ☐ 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
WCI COMMUNITIES PROPERTY MANAGEMENT 24201 WALDEN CENTER DRIVE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25 | 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD D'AMATO, TOM 7 SEACREST DRIVE LLOYD HARBOUR, NY 11743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERRON, RALPH 227 WINTER STREET HOPKINTON, MA 01748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MILLS, SARA 7811 FOX GATE COURT BETHESDA, MD 20817	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/02)

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: _____ 4/4/03 239-594-3183
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #