

2000 UNIFORM BUSINESS REPORT (UBR)

0000269

DOCUMENT # N99000002700

1. Entity Name

BOLERO AT TIBURON COMMUNITY ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 11 AM 9:56

Principal Place of Business

24301 WALDEN CENTER DR., STE. 300
NAPLES FL

Mailing Address

24301 WALDEN CENTER DR., STE. 300
NAPLES FL

2. Principal Place of Business

24301 Walden Center Dr
Suite, Apt. #, etc.
Suite 300

3. Mailing Address

24301 Walden Center Dr.
Suite, Apt. #, etc.
Suite 300



DO NOT WRITE IN THIS SPACE

City & State
Bonita Springs, FL

Zip Country
34134

City & State
Bonita Springs, FL

Zip Country
34134

4. FEI Number
59-3576996

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N
24301 WALDEN CENTER DR., STE. 300
NAPLES FL

7. Name and Address of New Registered Agent

Name Vivien N. Hastings
Street Address (P.O. Box Number is Not Acceptable)
24301 Walden Center Drive
Suite 300
City Bonita Springs, FL Zip Code 34134

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

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

Vivien N. Hastings
(NOTE: Registered Agent signature required when reinstating)

4/11/00
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

TITLE DP ☒ Delete
NAME BAILEY, DENNIS
STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300
CITY-ST-ZIP NAPLES FL

TITLE DV ☐ Delete
NAME GREENBERG, MICHAEL
STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300
CITY-ST-ZIP NAPLES FL

TITLE DVS ☒ Delete
NAME FLINN, MILTON G
STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300
CITY-ST-ZIP NAPLES FL

TITLE T ☒ Delete
NAME GUIDO, PHILIP
STREET ADDRESS 24301 WALDEN CENTER DR., STE. 300
CITY-ST-ZIP NAPLES FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Change ☒ Addition
NAME Tim Oak
STREET ADDRESS 24301 Walden Center Drive
CITY-ST-ZIP Bonita Springs, FL. 34134

TITLE D,VP/S ☐ Change ☒ Addition
NAME Kenneth W. Hayden
STREET ADDRESS 24301 Walden Center Drive
CITY-ST-ZIP Bonita Springs, FL, 34134

TITLE ST ☐ Change ☒ Addition
NAME Dustin Travis
STREET ADDRESS 24301 Walden Center Drive
CITY-ST-ZIP Bonita Springs, FL, 34134

TITLE D ☐ Change ☒ Addition
NAME Kelli Eastman
STREET ADDRESS 24301 Walden Center Drive
CITY-ST-ZIP Bonita Springs, FL. 34134

TITLE ☐ Change ☐ Addition
NAME 500003274035--4
STREET ADDRESS -06/01/00--01076--016
CITY-ST-ZIP ****551.25 ****61.25

TITLE ☐ Change ☐ 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:

KENNETH W. HAYDEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)