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

FILED

02 OCT -7 PM 12:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000002700

1. Entity Name: BOLERO AT TIBURON COMMUNITY ASSOCIATION, INC.

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*****61.25 *****61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
24301 WALDEN CENTER DR.	24301 WALDEN CENTER DR.
Suite, Apt. #, etc.: 300	Suite, Apt. #, etc.: 300
City & State: BONITA SPRINGS FL	City & State: BONITA SPRINGS, FL
Zip: 34134 Country: USA	Zip: 34134 Country: USA

4. FEI Number: 59-3576996 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: WCI COMMUNITIES PROPERTY MANAGEMENT

Street Address (P.O. Box Number is Not Acceptable): 24301 WALDEN CENTER DR.

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: Sylvia Keith SYLVIA KEITH SECRETARY 9-11-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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	PD
NAME	PRINCE, ROBERT
STREET ADDRESS	2650 BOLERO DR. #3
CITY-ST-ZIP	NAPLES, FL. 34109
TITLE	VD
NAME	MILLS, SARA
STREET ADDRESS	7811 FOX GATE CT
CITY-ST-ZIP	BETHESDA, MD 20817
TITLE	STD
NAME	JOSENDALE, DEBBIE
STREET ADDRESS	BOLERO DRIVE #2
CITY-ST-ZIP	NAPLES, FL. 34109
TITLE	
NAME	
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CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 9/20/02 239-591-8992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #