

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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95 APR 26 AM 7:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION ANNUAL REPORT 1995**

FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 769957 (2)**  
1. Corporation Name  
**BIMINI VILLAGE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

1001 WYNMOOR CIR  
COCONUT CREEK FL 33066  
US

1310 AVENUE OF THE STARS  
COCONUT CREEK FL 33066  
US

2. Principal Place of Business      2a. Mailing Address

21 1310 Avenue of the Stars      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23 Coconut Creek FL      28

Zip      Country      Zip      Country

24 33066      25 USA      29      30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report

06/23/1983      03/18/1994

4. FEI Number      Applied For

59-2299108      Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status       \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

RAVO, PAT T.  
1310 AVENUE OF THE STARS  
% WYNMOOR COMMUNITY COUNCIL, INC.  
COCONUT CREEK FL 33066

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City      FL      85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINKOW, LEO	1.2 NAME	
STREET ADDRESS	3401 E2 BIMINI LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, DOROTHY	2.2 NAME	Joseph Greenbaum
STREET ADDRESS	3403 F-1 BIMINI LANE	2.3 STREET ADDRESS	3403 Bimini Lane F2
CITY-ST-ZIP	COCONUT CREEK FL	2.4 CITY-ST-ZIP	Coconut Creek FL 33066
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPATZ, MARVIN	3.2 NAME	
STREET ADDRESS	3502 J-1 BIMINI LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARR, JERRY	4.2 NAME	Muriel Parke
STREET ADDRESS	3405 04 BIMINI LANE	4.3 STREET ADDRESS	3405 Bimini Lane N1
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	Coconut Creek FL 33066
TITLE	AD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, HELEN	5.2 NAME	
STREET ADDRESS	3401 F-3 BIMINI LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	5.4 CITY-ST-ZIP	
TITLE	AD	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, DAVID	6.2 NAME	Ben Katz
STREET ADDRESS	3402 B-4 BIMINI LANE	6.3 STREET ADDRESS	3402 Bimini Lane J3
CITY-ST-ZIP	COCONUT CREEK FL	6.4 CITY-ST-ZIP	Coconut Creek FL 33066

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 named herein; and that I execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leo Linkow      Date: 1-17-95      Daytime Phone #: 974-3799

769957

D  
Sam Korenblatt  
3404 Bimini Lane Apt D1  
Coconut Creek, FL 33066

SD  
Myron Greeze  
3501 Bimini Lane Apt. M4  
Coconut Creek, FL 33066