

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



Principal Place of Business: **1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US**
Mailing Address: **1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US**

3. Date Incorporated or Qualified: **08/23/1983**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **59-2299108**
Applied For: 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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when re-installing) DATE: _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | LINKOW, LEO | |
| STREET ADDRESS | 3401 E2 BIMINI LANE | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | VP | <input type="checkbox"/> DELETE |
| NAME | GREENBAUM, JOSEPH | |
| STREET ADDRESS | 3403 BIMINI LANE F2 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SPATZ, MARVIN | |
| STREET ADDRESS | 3502 J-1 BIMINI LANE | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | PARKE, MURIEL | |
| STREET ADDRESS | 3405 BIMINK LANE N1 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | AD | <input checked="" type="checkbox"/> DELETE |
| NAME | COHEN, HELEN | |
| STREET ADDRESS | 3401 F-3 BIMINI LANE | |
| CITY-ST-ZIP | COCONUT CREEK FL | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | KATZ, BEN | |
| STREET ADDRESS | 3402 BIMINI LANE J3 | |
| CITY-ST-ZIP | COCONUT CREEK FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-------------------|-----------------------------------|--|
| 11 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | | |
| 13 STREET ADDRESS | | |
| 14 CITY-ST-ZIP | | |
| 21 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | | |
| 23 STREET ADDRESS | | |
| 24 CITY-ST-ZIP | | |
| 31 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | | |
| 33 STREET ADDRESS | | |
| 34 CITY-ST-ZIP | | |
| 41 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | | |
| 43 STREET ADDRESS | | |
| 44 CITY-ST-ZIP | | |
| 51 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME | Sam Kosenblatt | |
| 53 STREET ADDRESS | 3401 Bimini Lane, Apt. D-1 | |
| 54 CITY-ST-ZIP | Coconut Creek, FL 33066 | |
| 61 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME | Sylvia Caplin | |
| 63 STREET ADDRESS | 3402 Bimini Lane, Apt. L-3 | |
| 64 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)(k), 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 empowered to 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: **1-30-96**
Daytime Phone: _____

CR2E037 (12/95)