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Jun 10, 1999 8:00 am
Secretary of State

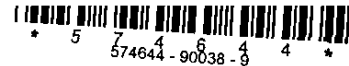
06-10-1999 90038 001 *2,695.00

NONPROFIT CORPORATION ANNUAL REPORT
~~1998~~ / 1999

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**

4. FEI Number: **59-2299108**
 Applied For: Not Applicable

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

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

6. Election Campaign Financing: \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 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
 85 Zip Code **FL**

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 reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DS	<input type="checkbox"/> DELETE
NAME	ZAGOREN, CHARLES	
STREET ADDRESS	3401 BIMINI LANE, APT J-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	LEVY, DOROTHY	
STREET ADDRESS	3403 BIMINI LANE APT F-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPATZ, MARVIN	
STREET ADDRESS	3502 J-1 BIMINI LANE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKE, MURIEL	
STREET ADDRESS	3405 BIMINK LANE N1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	KORENBLATT, SAM	
STREET ADDRESS	3404 BIMINI LANE APT D-1	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CAPLIN, BERNARD	
STREET ADDRESS	3402 BIMINI LANE, APT L-3	
CITY-ST-ZIP	COCONUT CREEK FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Sidney Schwartz	
4.3 STREET ADDRESS	3405 Bimini Lane, Apt. 0-1	
4.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Lester Davis	
6.3 STREET ADDRESS	3402 Bimini Lane, Apt. K-2	
6.4 CITY-ST-ZIP	Coconut Creek, FL 33066	

14. 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 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: *Samuel Korenblatt* Samuel Korenblatt 5/18/99 (954) 978-2600