

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

AMENDED

02 AUG -9 PM 12: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

123521

DOCUMENT# 00000005728

1. Entity Name **BIMINI BAY II AT TARPON BAY
CONDOMINIUM ASSOCIATION, INC.****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

24301 WALDEN CENTER DR

Suite, Apt. #, etc.

300

City & State

BONITA SPRINGS, FL

Zip

34134

Country

USA

3. Mailing Address

24301 WALDEN CENTER DR.

Suite, Apt. #, etc.

300

City & State

BONITA SPRINGS, FL.

Zip

34134

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3687123

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

VIVIAN HASTINGS

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

24301 WALDEN CENTER DR

SUITE 300

City

BONITA SPRINGS

FL

Zip Code

34134

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

FEES \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	FLINN, MILTON G.
STREET ADDRESS	24301 WALDEN CENTER DR.
CITY- ST- ZIP	BONITA SPRINGS, FL. 34134
TITLE	PD
NAME	TIEFENBACH, RENEE
STREET ADDRESS	24201 WALDEN CENTER DR.
CITY- ST- ZIP	BONITA SPRINGS, FL. 34134
TITLE	STD
NAME	KEITH, SYLVIA K.
STREET ADDRESS	2020 CLUBHOUSE DR.
CITY- ST- ZIP	SUN CITY CENTER, FL. 33573
TITLE	
NAME	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Sylvia Keith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-25-03

Date

813-642-1454

Daytime Phone #

CR2E0378 (12/01)