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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 742909 (5)
1. Corporation Name
BIMINI APARTMENTS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

330 TUDOR DRIVE
CAPE CORAL FL 33904-9455

~~PROFESSIONALLY YOURS INC~~
~~PO BOX 831~~
~~CAPE CORAL FL 33910~~
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/18/1978 3a. Date of Last Report 04/12/1994

4. FEI Number 59-6173358 Applied For Not Applicable

5. Certificate of Status Desired \$0.75 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. 109.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26 BIMINI APTS.

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
PO BOX 1485

23 City & State 28 CAPE CORAL, FL

24 Zip 25 Country 29 33910 30 US

9. Name and Address of Current Registered Agent

~~OLSON, BARBARA~~
~~1942 SE 40 LN #3~~
~~CAPE CORAL FL 33904~~

10. Name and Address of New Registered Agent

81 Name Robert Biancalana

82 Street Address (P.O. Box Number is Not Acceptable) 330 Tudor Dr.,

83 Apt. 209

84 City Cape Coral FL 85 Zip Code 33904

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 *Thomas R. Evans* Thomas R. Evans Treasurer April 1, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	11 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOWE, BILLY	12 NAME	BIANCALANA, ROBERT
STREET ADDRESS	330 TUDOR DR #104	13 STREET ADDRESS	330 TUDOR DR., #209
CITY - ST - ZIP	CAPE CORAL, 33904-9455	14 CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	SD	21 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONVERTINO, VERA	22 NAME	LEWIS, MYRA
STREET ADDRESS	330 TUDOR DR #211	23 STREET ADDRESS	330 TUDOR DR., #201
CITY - ST - ZIP	CAPE CORAL, FL 33904	24 CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	TD	31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, THOMAS R.	32 NAME	EVANS, THOMAS R.
STREET ADDRESS	330 TUDOR DR. #107	33 STREET ADDRESS	330 TUDOR DR., #107
CITY - ST - ZIP	CAPE CORAL, FL 33904	34 CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	TD	41 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDER, SHELDON	42 NAME	MENDER, SHELDON
STREET ADDRESS	330 TUDOR DR #205	43 STREET ADDRESS	330 TUDOR DR., #205
CITY - ST - ZIP	CAPE CORAL, FL 33904	44 CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE	VD	51 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFORD, JOSEPHINE G.	52 NAME	BOLLAS, JOAN
STREET ADDRESS	330 TUDOR DR #104	53 STREET ADDRESS	330 TUDOR DR., #207
CITY - ST - ZIP	CAPE CORAL, FL 33904	54 CITY - ST - ZIP	CAPE CORAL, FL 33904
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(a), 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 amendment with an address.

SIGNATURE *Thomas R. Evans* Thomas R. Evans April 1, 1995 (813) 542-3852