

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



Principal Place of Business: **330 TUDOR DRIVE CAPE CORAL FL 33904-9455**
Mailing Address: **BIMINI APTS P O BOX 1485 CAPE CORAL FL 33910 US**

3. Date Incorporated or Qualified: **05/18/1978**
3a. Date of Last Report: **04/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-6173358	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country	30	Country			

9. Name and Address of Current Registered Agent
~~BIANCALANA, ROBERT~~
~~330 TUDOR DR.~~
~~APT. 209~~
~~CAPE CORAL FL 33904~~

10. Name and Address of New Registered Agent
81 Name: **EVANS, Thomas R.**
82 Street Address (P.O. Box Number is Not Acceptable): **330 Tudor Dr.**
83 Apt. 107
84 City: **Cape Coral** FL 85 Zip Code: **33904**

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: *T. R. Evans* **T. R. Evans Secretary/Treasurer** 2/1/96
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	BIANCALANA, ROBERT	
STREET ADDRESS	330 TUDOR DR., #209	
CITY-ST-ZIP	CAPE CORAL, 339049455	
TITLE	SD	<input type="checkbox"/>
NAME	LEWIS, MYRA	
STREET ADDRESS	330 TUDOR DR., #201	
CITY-ST-ZIP	CAPE CORAL, FL-00000	
TITLE	TD	<input type="checkbox"/>
NAME	EVANS, THOMAS R.	
STREET ADDRESS	330 TUDOR DR. #107	
CITY-ST-ZIP	CAPE CORAL, FL-00000	
TITLE	D	<input type="checkbox"/>
NAME	MENDER, SHELDON	
STREET ADDRESS	330 TUDOR DR #205	
CITY-ST-ZIP	CAPE CORAL, FL-00000	
TITLE	VD	<input type="checkbox"/>
NAME	BOLLAS, JOAN	
STREET ADDRESS	330 TUDOR DR., #207	
CITY-ST-ZIP	CAPE CORAL, FL-00000	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?		CHANGED	ADDED
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP	33904		
3.1 TITLE	STD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP	33904		
4.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP	33904		
5.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP	33904		
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 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 as an attachment with an address.

SIGNATURE: *T. R. Evans* **T. R. Evans** 2/1/96 (941) 542-3852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)