

3-11-97 B-2913 C  
 FILE NOW: FILING FEE IS \$61.25

FILED  
 Mar 11 1997 8:00am  
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
 330 TUDOR DRIVE CAPE CORAL FL 33904-9455  
 BIMINI APTS P O BOX 1485 CAPE CORAL FL 33910-1485 US

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

3. Date Incorporated or Qualified 05/18/1978  
 3a. Date of Last Report 03/04/1996  
 4. FEI Number 59-6173358 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

9. Name and Address of Current Registered Agent  
 EVANS, THOMAS R.  
 330 TUDOR DRIVE  
 APT. 107  
 CAPE CORAL FL 33904

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<del>D</del> <input type="checkbox"/> DELETE
NAME	BIANCALANA, ROBERT
STREET ADDRESS	330 TUDOR DR., #209
CITY-ST-ZIP	CAPE CORAL, 339049455
TITLE	<del>GD</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>LEWIS, MYRA</del>
STREET ADDRESS	<del>330 TUDOR DR., #201</del>
CITY-ST-ZIP	<del>CAPE CORAL, FL 00000</del>
TITLE	STD <input type="checkbox"/> DELETE
NAME	EVANS, THOMAS R.
STREET ADDRESS	330 TUDOR DR. #107
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE	<del>D</del> <input checked="" type="checkbox"/> DELETE
NAME	<del>MENDER, SHELDON</del>
STREET ADDRESS	<del>330 TUDOR DR #205</del>
CITY-ST-ZIP	<del>CAPE CORAL, FL 00000</del>
TITLE	<del>PD</del> <input type="checkbox"/> DELETE
NAME	BOLLAS, JOAN
STREET ADDRESS	330 TUDOR DR., #207
CITY-ST-ZIP	CAPE CORAL, FL 00000
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD <input checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	33904-9455
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	33904-9455
6.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	BELL, DONALD
6.3 STREET ADDRESS	330 TUDOR DR., #206
6.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-9455

14. I do 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 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: Thomas R. Evans *Thomas R. Evans* 3/5/97 (941) 542-3852  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0066535

CR2E037 (9/96)