

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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	Applied For Not Applicable
4. FEI Number 59-6173358	

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	VD	<input type="checkbox"/> DELETE
NAME	BIANCALANA, ROBERT	
STREET ADDRESS	330 TUDOR DR., #209	
CITY-ST-ZIP	CAPE CORAL, 339049455	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BELL, DONALD	
STREET ADDRESS	330 TUDOR DR., #208	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	EVANS, THOMAS R.	
STREET ADDRESS	330 TUDOR DR. #107	
CITY-ST-ZIP	CAPE CORAL, FL 00000	
TITLE	VD	<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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-9455
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	PETRAN, ALEXANDER
3.4 CITY-ST-ZIP	330 TUDOR DR., #110 CAPE CORAL, FL 33904-9455
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	STD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	CAPE CORAL, FL 33904-9455
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	SAMBUCHI, MARY C.
5.4 CITY-ST-ZIP	330 TUDOR DR., #106 CAPE CORAL, FL 33904-9455
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Donald R. Bell **REQUIRED** 3/26/98 (941) 542-0360

CR2E037 (10/97)