


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90172 008 ****61.25

DOCUMENT # 742909

1. Entity Name
BIMINI APARTMENTS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**330 TUDOR DRIVE
 CAPE CORAL, FL 33904**

Mailing Address
**P O BOX 100831
 CAPE CORAL, FL 33910 US**

40086093



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03022006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent

**NURMOHAMED, HASSAN
 MANAGEMENT CONNECTION
 1512 SE 14 STREET #6
 CAPE CORAL, FL 33904**

7. Name and Address of New Registered Agent

Name **George TEAGUE**
 Street Address (P.O. Box Number is Not Acceptable)
2517 Santa Barbara Blvd., #11
 City **Cape Coral, FL 33904**

8. The above named entity submits this statement for the purpose of changing its registered office or re... the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANDBERG, RUDY	
STREET ADDRESS	330 TUDOR DR #210	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	D	<input type="checkbox"/> Delete
NAME	BEALE, MALCOLM	
STREET ADDRESS	7 LESLIE ROAD	
CITY-ST-ZIP	CHAMBHAM, SURREY, ENGLAND, G024-LB	
TITLE	STD	<input type="checkbox"/> Delete
NAME	FENTOS, JACK	
STREET ADDRESS	330 TUDOR DRIVE # 106	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	BIANCALANA, ROBERT	
STREET ADDRESS	330 TUDOR DR, #209	
CITY-ST-ZIP	CAPE CORAL, FL 33904	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SALIS, JACK	
STREET ADDRESS	1214 VALLEY PARK DRIVE	
CITY-ST-ZIP	BROADVIEW HEIGHTS, OH 44147	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rudy Sandberg - Pres* Date 4-25-06 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR