


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 019 ****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	
2. Principal Place of Business - No P O Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40032376



02142007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-6173358		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TEAGUE, GEORGE 2517 SANTA BARBARA BLVD #11 CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2503 Del Prado blvd, #500 City Cape Coral FL Zip Code 33904	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Rudy Sandberg Jr* (NOTE: Registered Agent signature required when reinstating) DATE: _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD SANDBERG, RUDY <input type="checkbox"/> Delete	TITLE	
NAME	330 TUDOR DR #210	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CAPE CORAL, FL 33904	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEALE, MALCOLM	NAME	
STREET ADDRESS	7 LESLIE ROAD	STREET ADDRESS	
CITY-ST-ZIP	CHAMBHAM, SURREY, ENGLAND, G024-LB	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTOS, JACK	NAME	
STREET ADDRESS	330 TUDOR DRIVE # 106	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> Delete	TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIANCALANA, ROBERT	NAME	
STREET ADDRESS	330 TUDOR DR, #209	STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 33904	CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALIS, JACK	NAME	
STREET ADDRESS	1214 VALLEY PARK DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BROADVIEW HEIGHTS, OH 44147	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Guillermo RBY #110
STREET ADDRESS		STREET ADDRESS	330 Tudor Dr.
CITY-ST-ZIP		CITY-ST-ZIP	Cc FL 33904

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 Jr* DATE: _____ DAYTIME PHONE #: _____