


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-22-2007 90074 040 ****61.25

DOCUMENT # 742970 1. Entity Name BIKINI PLACE CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 1700 BIKINI CT 101 CAPE CORAL, FL 33904		Mailing Address 1750 BIKINI COURT CAPE CORAL, FL 33904
DO NOT WRITE IN THIS SPACE		
8. Name and Address of Current Registered Agent LEE BARNES 1750 BIKINI COURT CAPE CORAL, FL 33904		DO NOT WRITE IN THIS SPACE
9. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANUNDSEN, ROY 1700 BIKINI CT APT 104 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOORE, JEFFERY 1700 BIKINI CT., APT #204 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNES BOGAN, LEE 1750 BIKINI COURT CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTLER, SCOTT 1700 S.E. BIKINI CT., #203 CAPE CORAL, FL 33904	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WALSDORF, MARSHALL 422 MAIN ST WOBURN, MA 01801	
TITLE 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: <u>Lee Barnes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>2-11-07</u> <u>239 472-9208</u> <small>Date Daytime Phone</small>



01122007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1970199	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**