

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 743593 (6)**  
1. Corporation Name  
**BIMINI VIEW CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business: **% GEORGE S. STOUT, 434 TUDOR DRIVE #21, CAPE CORAL FL 33904**  
Mailing Address: **% GEORGE S. STOUT, 434 TUDOR DRIVE #21, CAPE CORAL FL 33904**

3. Date Incorporated or Qualified: **07/13/1978**  
3a. Date of Last Report: **04/11/1995**

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

4. FEI Number: **59-2034471**  
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  
**COTTRELL, JAMES L.  
4635 SOUTH DEL PRADO BLVD.  
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHINDLING, ROBERT	
STREET ADDRESS	444 TUDOR DR., APT. 1B	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	PROSSER, JOE	
STREET ADDRESS	444 TUDOR DR., APT. 1D	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BALDASSORRE, FRANK	
STREET ADDRESS	434 TUDOR DR., APT. 2E	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	STOUT, GEORGE	
STREET ADDRESS	434 TUDOR DR. #21	
CITY-ST-ZIP	CAPE CORAL FL	
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	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brattin Tomby	
1.3 STREET ADDRESS	444 Tudor Dr, Apt 1A	
1.4 CITY-ST-ZIP	Cape Coral, FL 33904	
2.1 TITLE	Vice Pres / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Maxine Warner	
2.3 STREET ADDRESS	434 Tudor Dr, Apt 2H	
2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
3.1 TITLE	Vice Pres / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William Parkins	
3.3 STREET ADDRESS	434 Tudor Dr, Apt 2G	
3.4 CITY-ST-ZIP	Cape Coral, FL 33904	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: George S. Stout / **GEORGE STOUT** 4/8/96 941-542-8856  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)