FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

941-

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

appears in Block

SIGNATURE:

13 if changed, or on an attachment with an address.

743593

(6)

BIMINI VIEW CONDOMINIUM ASSOCIATION, INC.

| Principal Place of Business Mailing Address # GEORGE S. STOUT # GEORGE S. STOUT | | | | | | | | | | | | | |
|--|---|---|-----------------------------|----------------------|-------------|------------|----------------|------------------------|---------------------------------------|------------|-------------|----------------------|---|
| 434 TUDOR DR | IVE #21 | 434 TUDOR DRIVE #21 | 434 TUDOR DRIVE #21 | | | | | | | | | | |
| CAPE CORAL F | SL 33904 | CAPE CORAL FL 33904- | 944 7 | | | | 3. Date In | 7/13/19 | d or Quali 78 | ified | 3a. Date | of Last F 4/11/18 | |
| 2. Principal Pl. 21 | ace of Business | 2a. Mailing Address | | | | | FEI NU | mber 9-20344 | 71 | | | | pplied For ot Applicable |
| Suite, Apt. 4 | #, elc | Suite, Apt. #, etc. | | | | | 5. Certific | ate of Stat | tus Desire | d [| 3 | | Additional equired |
| City & State | • | City & State | | | | | | n Campaiç und Contr | • | · - | | | May Be to Fees |
| Zip | Country | Zıp | | intry | | | | • | has liabilit | • — | | | s. 199.032, |
| 24 | 25] 9. Name and Address of Curren | 129 | 30 | · · · · · · | | | | Statutes and Addr | aga of Na | U Peole | | | |
| | 9. Name and Address of Curren | t Medieteren Wastit | | 81 | Name | ! | v. Name | MIU AUU! | ess of Me | M HOUSE | IDIOU AG | 9111 | |
| COTTO | I IAMES I | | | | | | | | | | | | |
| COTTRELL, JAMES L. 4635 SOUTH DEL PRADO BLVD. | | | | 82 Street Address (F | | | | Number i | s Not Acc | eptable) | | | |
| | ORAL FL 33904 | 1 | | | | | | | | | | | |
| | | | | 84 | City | | | | | | FL | 85 Zip | Code |
| 11. Pursuant t | to the provisions of Sections 617.0502 | 2 and 617.1508. Florida State | utes, the al | boye- | named (| corpora | ion subm | its this sta | tement for | the purc | | hanging | its registered |
| office or re agent. I ar | o the provisions of Sections 617.050; egistered agent, or both, in the State in familiar with, and accept the obliga | of Florida. Such change was ations of, Section 617.0503, f | s authorize Florida Stat | d by lutes. | the corp | oration's | s board of | directors. | I hereby | accept th | ne appoir | itment as | registered |
| SIGNATURE _ | Signature, typed or printed name of registered ager | nt and title if applicable (NC | OTE: Registere | d Agen | t sionature | required w | en reinstatino | o) | | | DATE | | *************************************** |
| 12. | OFFICERS AND | *************************************** | 13. | | | | | NS/CHA | IGES TO | | | IRECTO | RS IN 12 |
| TITLE | PD | DELETE | 1.1 1(| 1.1 TITLE | | Gres | idento | -01 | rest | 5~ | | Change | Addition |
| NAME | BURTTON, TEMBY | ~ \ | 1.2 N | AME | ľ | Brop. | o true | Lowa | nski. | | | | • |
| STREET ADDRESS | 444 TUDOR DR., APT. 1A | | 1.3 ST | TREET A | ADDRESS | 434 | Tudo | ~ <i>O</i> ~ | MAC | 114 | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 1.4 CI | ITY-ST | -ZIP | Qu. | be C | Lund | H, | 33 | 904 | | |
| TITLE | VPD | DELETE | 2.1 Ti | TLE | | View | J Bres | riser | 3 -0 3 | करो | ا 7 | Change | Addition |
| NAME | MAXINE WARNER | | 2.2 N | AME | ľ | Fia | vk (| Bally | 1618 | (A) | • | | |
| STREET ADDRESS | 434 TUDOR DR., APT.2H | | 2.3 \$ | TREET A | ADDRESS | 434 | Trade | VDY. | LA T | ž | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 2.40 |) TY-\$1 | T- ZIP | Q | \sim | Σ | <u> 97:</u> | 339 | 04 <u> </u> | | |
| TOTLE | VPD | DELETE | 3.1 TI | ITLE | | , | | | , , | | 7 | Change | Addition |
| NAME | WILLIAM DARLING | | 3.2 N | AME | | | | | | | | | |
| STREET ADDRESS | 434 TUDOR, DR., APT. 2G | | 3.3 S | TREET A | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | 3.4. 0 | HY-SI | I-ZIP | | · ···· | | · · · · · · · · · · · · · · · · · · · | | | | |
| TITLE | STD | ☐ DELETE | 4.1 TI | ITLE | | | | | | | L | _ Change | Addition |
| NAME | STOUT, GEORGE | | 4. 2 N | IAME | | | | | | | | | |
| STREET ADDRESS | 434 TUDOR DR. #21 | | 4.3 S | TREET | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | CAPE CORAL FL | | | ITY-ST | -ZIP | | | | | | | | |
| TITLE | | DELETE | 5.1 TI | | | | | | | | L | _ Change | Addition |
| NAME | | | 5.2 N | | | | | | | | | | |
| STREET ADDRESS | | | | | address | | | | | | | | |
| CITY-ST-ZIP | | TIT NEL EUR | | ITY-\$1 | - ZIP | | | w | | | | 7 66 | |
| TITLE | | DELETE | 6.1 Ti | | | | | | | | L | Change | Addition |
| NAME | | | 6.2 N | | | | | | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | | | | |
| CITY-ST-ZIP | by certify that the information supplied | d with this filing does as a m | | IIY-SI | | tated in | Cantion 1 | ID 07/2V/ | Elozido 5 | tatuton ! | further - | ortifu the | I the |
| informatio | by certify that the information supplied in indicated on this annual report or s fficer or director of the corporation or | applemental annual report is | s true and a | 80CUI | rate and | i that my | signature | shall hav | e the sam | e legal el | ffect as if | made ur | nder oath; that |