FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

743593

BIMINI VIEW CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address % GEORGE 8. STOUT 434 TUDOR DRIVE #21 % GEORGE S. STOUT 434 TUDOR DRIVE #28 3. Date Incorporated or Qualified 07/13/1978 CAPE CORAL FL 33904 CAPE CORAL FL 33904 4. FEI Number 59-2034471 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes 28 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No.

10. Name and Address of New Registered Agent Country 24 26 29 9. Name and Address of Current Registered Agent COTTRELL, JAMES L. Street Address (P.O. Box Number is Not Acceptable) 4635 SOUTH DEL PRADO BLVD. CAPE CORAL FL 33904 City Zip Code 85

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 tamiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered speni and title if applicable. (NOTE: Registered Agent algorature required when reinstating) DATE							
12.	OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFF		O OFFICERS AN	D DIRECTOR	S IN 12
TITLE	PD	DELETÉ	1.1 TITLE			Change	☐ Addition
NAME	ROBERT ROMENSKI		1.2 NAME				
STREET ADDRESS	434 TUDOR DR. APT 114		1.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY-ST-ZIP				
TITLE	VP0	DELETE	2.1 TITLE			Change	Addition
NAME	MAXINE WARNER		2.2 NAME				
STREET ADDRESS	434 TUDOR DR., APT.2H		2.3 STREET ADDRESS		2 2 PM		
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	<u> </u>	•		
TITLE	VPD	DELETE	3.1 TITLE	Abb		Change	Addition
NAME	FRANK BLADASSAVVE		3.2 NAME	Donald D'A	meton	<u> ا</u>	`
STREET ADDRESS	434 TUDOR, DR., APT 2E		3.3 STREET ADDRESS	444 Tubor	Dras H	·	'.
CITY-ST-ZIP	CAPE CORAL FL		3.4. CITY-ST-ZIP	Case Cord	19,	<u>33901</u>	<u> </u>
TITLE	STD	DELETE	4.1 TITLE		7	☐ Change	Addition
NAME	STOUT, GEORGE		4. 2 NAME	J			
STREET ADDRESS	434 TUDOR DR. #21		4.3 STREET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		4.4 CITY-ST-ZIP				
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME	<u> </u>		5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
COV CT 710			CACITY OF 210				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

FILED

Apr 02 1998 8:00am

Secretary of State

Applied For

Not Applicable