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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 743593

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

07/13/1978

4. FEI Number

59-2034471

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME ROBERT ROMENSKI
 STREET ADDRESS 434 TUDOR DR. APT 114
 CITY-ST-ZIP CAPE CORAL FL

TITLE VPD DELETE
 NAME MAXINE WARNER
 STREET ADDRESS 434 TUDOR DR., APT.2H
 CITY-ST-ZIP CAPE CORAL FL

TITLE VPD DELETE
 NAME D'AMATO, DONALD
 STREET ADDRESS 444 TUDOR DR, APT 2C
 CITY-ST-ZIP CAPE CORAL FL 33904

TITLE STD DELETE
 NAME STOUT, GEORGE
 STREET ADDRESS 434 TUDOR DR. #21
 CITY-ST-ZIP CAPE CORAL FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ~~VPD~~ VPD Change Addition
 1.2 NAME Robert Romanski
 1.3 STREET ADDRESS 434 Tudor Dr Apt 1H
 1.4 CITY-ST-ZIP Cape Coral, FL, 33904

2.1 TITLE VPD Change Addition
 2.2 NAME Beverly Dominick
 2.3 STREET ADDRESS 444 Tudor Dr, Apt 2A
 2.4 CITY-ST-ZIP Cape Coral, FL, 33904

3.1 TITLE PD Change Addition
 3.2 NAME Donald D'Amato
 3.3 STREET ADDRESS 444 Tudor Dr, Apt 2C
 3.4 CITY-ST-ZIP Cape Coral, FL, 33904

4.1 TITLE STD Change Addition
 4.2 NAME George Stout
 4.3 STREET ADDRESS 434 Tudor Dr, Apt 2I
 4.4 CITY-ST-ZIP Cape Coral, FL, 33904

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)