


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 25, 2004 8:00 am**  
**Secretary of State**

03-25-2004 90012 043 \*\*\*\*61.25

**DOCUMENT # 743593**

1. Entity 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
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01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2034471	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

STOUT, GEORGE S  
434 TUDOR DR  
APT #21  
CAPE CORAL, FL 33904

**DO NOT WRITE IN THIS SPACE**

8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	D'AMATO, DONALD
STREET ADDRESS	444 TUDOR DR APT ZC
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VPD
NAME	EWALD, THOMAS
STREET ADDRESS	434 TUDOR DRIVE APT 7H
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	STD
NAME	STOUT, GEORGE
STREET ADDRESS	434 TUDOR DR, APT 21
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	VPD
NAME	HAUCK, EDWIN C
STREET ADDRESS	434 TUDOR DR, APT 14
CITY-ST-ZIP	CAPE CORAL, FL 33904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 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: George S. Stout, Treasurer Date: 3/22/04 Daytime Phone #: 239-542-8956

GEORGE S STOUT