


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90003 030 ****61.25

DOCUMENT # 753464 1. Entity Name BIMINI RUN CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2801 MAGDALINA DRIVE UNIT 1-D PUNTA GORDA, FL 33950 US	Mailing Address 100 SULLIVAN ST UNIT 112 PUNTA GORDA, FL 33950 US
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DO NOT WRITE IN THIS SPACE



03112007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2807206	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GREENE, JOAN C/O ACCURATE ACCOUNTING 100 SULLIVAN ST-STE 112 PUNTA GORDA, FL 33950
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CHARTERS, ALBERT 1890 DEBORAH DR #30 PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, JOAN F 265 TAMAIMI TRAIL PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILTON, NINIA 2735 MAGNOLIA DR #2C PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEITER, MARGARET 2801 MAGNOLIA DR PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.
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SIGNATURE: <i>Milton Ninia</i> MILTON NINIA 3/16/07 <i>President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <small>Daytime Phone #</small>
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