

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753464

FILED
Feb 28, 2009
Secretary of State

Entity Name: BIMINI RUN CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2801 MAGDALINA DRIVE
UNIT 1-D
PUNTA GORDA, FL 33950 US

New Principal Place of Business:

Current Mailing Address:

100 SULLIVAN ST
UNIT 112
PUNTA GORDA, FL 33950 US

New Mailing Address:

FEI Number: 59-2807206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, JOAN
C/O ACCURATE ACCOUNTING
100 SULLIVAN ST-STE 112
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: CHARTERS, ALBERT
Address: 1890 DEBORAH DR #30
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: TD () Delete
Name: GREENE, JOAN F
Address: 265 TAMAIMI TRAIL
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: MILTON, NINIA
Address: 2735 MAGNOLIA DR #2C
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: LEITER, MARGARET
Address: 2801 MAGNOLIA DR
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MILTON NINIA

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date