

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005728

FILED
Apr 28, 2009
Secretary of State

Entity Name: BIMINI BAY II AT TARPON BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2050 CASTAWAYS COURT
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2050 CASTAWAYS COURT
NAPLES, FL 34119

New Mailing Address:

FEI Number: 59-3687123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IANNONE, ANTHONY E CAM
2050 CASTAWAYS COURT
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

SMITH, HENRY PRES
2050 CASTAWAYS COURT
NAPLES, FL 34119 US

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: HENRY SMITH

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BAKER, SUSAN
Address: 1642 TARPON BAY DR S #102
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: MAIN, DOUG
Address: 1634 TARPON BAY DR S #101
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: LESNIAK, FRANK
Address: 1622 TARPON BAY DR S #102
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: GONZALEZ, MANNY
Address: 1622 TARPON BAY DR SOUTH SUITE 202
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: TIGGES, PAM
Address: 1656 TARPON BAY DRIVE S. #102
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S (X) Change () Addition
Name: LESNIAK, FRANK
Address: 1622 TARPON BAY DR S #102
City-St-Zip: NAPLES, FL 34119

Title: P (X) Change () Addition
Name: SMITH, HENRY
Address: 1642 TARPON BAY DR SOUTH SUITE 101
City-St-Zip: NAPLES, FL 34119

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: HENRY SMITH

PRES

04/28/2009

Electronic Signature of Signing Officer or Director

Date