2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N03000006220

TI FILED
Oct 19, 2006
Secretary of State

Entity Name: BIMINI BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3410 N HARBOR CITY BLVD 1151 ELEUTHERA DR NE MELBOURNE, FL 32935 PALM BAY, FL 32905 US

Current Mailing Address: New Mailing Address:

3410 N HARBOR CITY BLVD 1151 ELEUTHERA DR NE MELBOURNE, FL 32935 PALM BAY, FL 32905 US

FEI Number: 04-3775907 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARKIN, DAVID G FALLACE & LARKIN, L.C. 1900 S HICKORY ST STE A MELBOURNE, FL 32901 US QUADROZZI, JANE A 1108 ELEUTHERA DR NE PALM BAY, FL 32905 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: JANE A QUADROZZI 10/19/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PVPS () Delete (X) Change () Addition PETRONI, MARK D WEST, RICHARD A Name: Name: 2609 CANARY ISLES W Address: 1166 ELEUTHERA DR NE Address: City-St-Zip: MELBOURNE, FL 32901 City-St-Zip: PALM BAY, FL 32905 US Title: Title: () Change (X) Addition () Delete Name: WILKER, GARY R Name: Address: Address: 1074 ELEUTHERA DR NE City-St-Zip: City-St-Zip: PALM BAY, FL 32905 US Title: () Delete Title: **TREA** () Change (X) Addition QUADROZZI, JANE A Name: Name: 1108 ELEUTHERA DR NE Address: Address: City-St-Zip: City-St-Zip: PALM BAY, FL 32905 US Title: () Delete Title: SECR () Change (X) Addition Name: Name: HOFFMAN, ARLENE K Address: Address: 1142 ELEUTHERA DR NE City-St-Zip: City-St-Zip: PALM BAY, FL 32905 US Title: () Delete Title: () Change (X) Addition KNICK, BARBARA G Name: Name: 1167 ELEUTHERA DR NE Address: Address: City-St-Zip: City-St-Zip: PALM BAY, FL 32905 US

I hereby certify that the information supplied with this filing does not qualify for the 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: JANE A QUADROZZI TREA 10/19/2006

Electronic Signature of Signing Officer or Director

Date