


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90040 016 \*\*\*\*61.25

<b>DOCUMENT # N22325</b>		
1. Entity Name <b>BIMINI BAY CLUB CONDOMINIUM ASSOCIATION, INC.</b>		

40028611



Principal Place of Business <b>1051 FORREST NELSON BLVD PORT CHARLOTTE, FL 33952 US</b>		Mailing Address <b>P.O. BOX 380758 MURDOCK, FL 33938 US</b>	
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2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.	
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01152007 Chg-NP CR2E037 (12/06)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2841010</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>WISHARD, KRISTINE 23081 HARBORVIEW ROAD PT CHARLOTTE, FL 33980</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> Delete	
NAME	DUCHARME, NORMAN		
STREET ADDRESS	1051 FOREST NELSON BLVD, #D204		
CITY-ST-ZIP	PT CHARLOTTE, FL 33133		
TITLE	VP	<input type="checkbox"/> Delete	
NAME	BROWNSTEIN, FRANCES		
STREET ADDRESS	1100 MARTINSTEIN AVE		
CITY-ST-ZIP	BAY SHORE, NY 11706		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	MACDONALD, BARBARA		
STREET ADDRESS	P.O. BOX 380758		
CITY-ST-ZIP	MURDOCK, FL 33938		
TITLE	D	<input checked="" type="checkbox"/> Delete	
NAME	BROWNSTEIN, FRANCES		
STREET ADDRESS	1100 MARTINSTEIN AVE		
CITY-ST-ZIP	BAY SHORE, NY 11706		
TITLE	TD	<input checked="" type="checkbox"/> Delete	
NAME	MORGANS, MERV		
STREET ADDRESS	P.O. BOX 380758		
CITY-ST-ZIP	MURDOCK, FL 33938		
TITLE	D	<input type="checkbox"/> Delete	
NAME	HANSON, NANCY		
STREET ADDRESS	1089 CONGRESS ST		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Ducharme, Normand		
STREET ADDRESS	1051 Forrest Nelson Blvd, D-204		
CITY-ST-ZIP	Port Charlotte, FL 33952		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MacDonald, Barbara		
STREET ADDRESS	1051 Forrest Nelson Blvd, B-101		
CITY-ST-ZIP	Port Charlotte, FL 33952		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	Tharberry, Kathleen		
STREET ADDRESS	1051 Forrest Nelson Blvd, A-102		
CITY-ST-ZIP	Port Charlotte, FL 33952		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Hanson, Nancy		
STREET ADDRESS	1089 Congress Street		
CITY-ST-ZIP	Port Charlotte, FL 33952		

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.

**SIGNATURE:** Barbara MacDonal 2/27/07  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #