

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22325

FILED
Apr 24, 2008
Secretary of State

Entity Name: BIMINI BAY CLUB CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1051 FORREST NELSON BLVD
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380758
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 59-2841010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WISHARD, KRISTINE
23081 HARBORVIEW ROAD
PT CHARLOTTE, FL 33980 US

Name and Address of New Registered Agent:

WISHARD, KRISTINE
1532 RIO DE JANEIRO AVE
PUNTA GORDA, FL 33983 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:

04/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DUCHARME, NORMAN
Address: 1051 FOREST NELSON BLVD, #D204
City-St-Zip: PT CHARLOTTE, FL 33133

Title: VP () Delete
Name: BROWNSTEIN, FRANCES
Address: 1100 MARTINSTEIN AVE
City-St-Zip: BAY SHORE, NY 11706

Title: SD () Delete
Name: MACDONALD, BARBARA
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: BROWNSTEIN, FRANCES
Address: 1100 MARTINSTEIN AVE
City-St-Zip: BAY SHORE, NY 11706

Title: TD () Delete
Name: MORGANS, MERV
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D () Delete
Name: HANSON, NANCY
Address: 1089 CONGRESS ST
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DUCHARME, NORMAN
Address: 1051 FOREST NELSON BLVD, #D204
City-St-Zip: PT CHARLOTTE, FL 33133

Title: SD (X) Change () Addition
Name: BROWNSTEIN, FRANCES
Address: 1100 MARTINSTEIN AVE
City-St-Zip: BAY SHORE, NY 11706

Title: PD (X) Change () Addition
Name: MACDONALD, BARBARA
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

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

Title: VPD (X) Change () Addition
Name: MACCHIA, LYNDIA
Address: P.O. BOX 380758
City-St-Zip: MURDOCK, FL 33938

Title: D (X) Change () Addition
Name: KAUFMAN, NANCY
Address: PO BOX 380758
City-St-Zip: MURDOCK, FL 33938

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: BARB MACDONALD

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date