FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N97000001086 (4)

THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATIO N. INC.

Principal Place of Business Mailing Address 24301 WALDEN CENTER DR. SUITE 300 24301 WALDEN CENTER DR. SUITE 300 Date incorporated or Qualified **BONITA SPRINGS FL 34134 BONITA SPRINGS FL 34134** 02/25/1997 4. FEI Number 59-3440785 Applied For Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 28 Fee Required Sulte, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. is this nonprofit corporation a homeowners association? X Yes 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible X Yes 24 25 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Vivien N. Hastings DEBOEST, RICHARD D Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive 82 1415 HENDRY ST 83 FT MYERS FL 33901 Suite 300 84 City 85 Zip Code 34134 Bonita Springs 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. 3/18/98 Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **C**DELETE Change X Addition TITLE 1.1 TITLE **GUNDERSON, JOHN** 1.2 NAME Henry J. Floreani NAME 801 LAUREL OAK DR, SUITE 500 24301 Walden Center Drive STREET ADDRESS 1.3 STREET ADDRESS Bonita Springs, FL 34134 NAPLES FL 34108 CITY-ST-ZIP 1.4 CITY - ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME GOENAGA, ARMANOD 2.2 NAME 24301 Walden Center Drive STREET ADDRESS 801 LAUREL OAK DR. SUITE 102 2.3 STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 2.4 CITY-ST-ZIP Bonita Springs, FL 34134 KKDELETE Change TITLE Addition 3.1 TITLE PRITCHARD, SUSAN 3.2 NAME NAME Vivian M. Gazarek STREET ADDRESS 801 LAUREL OAK DR. SUITE 102 3.3 STREET ADDRESS 24301 Walden Center Drive NAPLES FL 34108 CITY-ST-ZIP 3.4. CITY-ST-ZIP Bonita Springs, FL 34134 DELETE Change Addition TITLE 4.1 TITLE

CITY-ST-ZIF 14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an artischment with an address.

Vivian M. Gazarek, Secretary

SIGNATURE:

3/18/98 (941) 947-2600

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADORESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

NAME

TITLE NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-SY-ZIP

CITY-ST-ZIP

DELETE

DELETE

Addition

Addition

Change

FILED

Apr 01 1998 8:00am

Secretary of State