


FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90088 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000001086					
1. Corporation Name THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 24301 WALDEN CENTER DR. SUITE 300 BONITA SPRINGS FL 34134			Mailing Address 24301 WALDEN CENTER DR. SUITE 300 BONITA SPRINGS FL 34134		



2. Principal Place of Business 21 953 Carrick Bend Cir. Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 9709 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/25/1997	
22		27		4. FEI Number 59-3440785 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
23 Naples, FL City & State		28 Naples, FL City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 34110 25 US Zip Country		29 34101 30 US Zip Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees Trust Fund Contribution	

9. Name and Address of Current Registered Agent HASTINGS, VIVIAN N 24301 WALDEN CENTER DR STE 300 BONITA SPGS FL 34134				10. Name and Address of New Registered Agent			
				81 Name Leo F. Williams			
				82 Street Address (P.O. Box Number is Not Acceptable) 709 103rd Ave N.			
				83			
				84 City Naples FL 85 Zip Code 34108			

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.

SIGNATURE  **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DV <input checked="" type="checkbox"/> DELETE NAME FLOREANI, HENRY J STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPGS FL 34134				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.1 TITLE PD 1.2 NAME Graham, Richard 1.3 STREET ADDRESS 954 Carrick Bend Cir. #201 1.4 CITY-ST-ZIP Naples, FL 34110			
TITLE DP <input checked="" type="checkbox"/> DELETE NAME GOENAGA, ARMANOD STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPGS FL 34134				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.1 TITLE VD 2.2 NAME Mitchell, James 2.3 STREET ADDRESS 17141 Bernadine St. 2.4 CITY-ST-ZIP Lansing, IL 60438			
TITLE DST <input checked="" type="checkbox"/> DELETE NAME GAZAREK, VIVIAN M STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPGS FL 34134				<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.1 TITLE STD 3.2 NAME Karkut, Bonnie 3.3 STREET ADDRESS 945 Carrick Bend Cir. #202 3.4 CITY-ST-ZIP Naples, FL 34110			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)