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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
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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	2a. Mailing Address	3. Date Incorporated or Qualified
21 953 Carrick Bend Cir.	26 P.O. Box 9709	02/25/1997
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		59-3440785
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>
Naples, FL	Naples, FL	\$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing <input type="checkbox"/>
34110	34101	Trust Fund Contribution <input type="checkbox"/>
25 Country	30 Country	\$5.00 May Be Added to Fees
US	US	

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
85 Zip Code	FL 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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)