

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000001086****1. Entity Name**

THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

953 CARRICK BEND CIR

NAPLES
34110

FL

US

Mailing Address

PO BOX 9709

NAPLES
34101

FL

US

2. Principal Place of Business

265 AIRPORT ROAD SOUTH

3. Mailing Address

265 AIRPORT ROAD SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES

FL

City & State

NAPLES

FL

Zip
34104Country
USZip
34104Country
US**4. FEI Number****59-3440785****Applied For**

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHART STEPHEN P
COLLIER FINANCIAL INC
4985 TAMiami TRAIL E
NAPLES
34113

FL

7. Name and Address of New Registered Agent**Name**

CARROLL GLENN

Street Address (P.O. Box Number is Not Acceptable)
265 AIRPORT ROAD SOUTHCity
NAPLES

FL

Zip Code
34104

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.

SIGNATURE **GLENN CARROLL****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW:**FEE IS \$61.25****9. Election Campaign Financing**

Trust Fund Contribution.

☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State**10. OFFICERS AND DIRECTORS**

TITLE	STD	<input type="checkbox"/> Delete
NAME	KARKUT BONNIE	
STREET ADDRESS	945 CARRICK BEND CIR #202	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MITCHELL JAMES	
STREET ADDRESS	17141 BERNADINE ST	
CITY-ST-ZIP	LANSING IL 60438	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRAHAM RICHARD	
STREET ADDRESS	954 CARRICK BEND CIR #201	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVEY ERNIE	
STREET ADDRESS	953 CARRICK BEND CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: RICHARD GRAHAM

PD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)