

# 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
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2. Principal Place of Business 265 AIRPORT ROAD SOUTH	3. Mailing Address 265 AIRPORT ROAD SOUTH
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34104	Country US	Zip 34104	Country US
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4. FEI Number <b>59-3440785</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

HART STEPHEN P  
 COLLIER FINANCIAL INC  
 4985 TAMiami TRAIL E  
 NAPLES FL 34113

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

Name  
 CARROLL GLENN  
 Street Address (P.O. Box Number is Not Acceptable)  
 265 AIRPORT ROAD SOUTH  
 City  
 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 DATE 04/29/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 NAME STREET ADDRESS CITY-ST-ZIP	STD KARKUT BONNIE 945 CARRICK BEND CIR #202 NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MITCHELL JAMES 17141 BERNADINE ST LANSING IL 60438 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAHAM RICHARD 954 CARRICK BEND CIR #201 NAPLES FL 34110 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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

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 DATE: 04/29/2001

CR2E037 (11/00)