


FILE NOW: FILING FEE IS \$61.25

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

05-04-1999 90088 044 \*\*\*\*61.25

UD-04-0015

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N97000001602</b>	
1. Corporation Name <b>THE BIMINI II AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.</b>	
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

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2. Principal Place of Business 21 <b>937 Carrick Bend Cir.</b>	2a. Mailing Address 26 <b>P.O. Box 9709</b>	3. Date Incorporated or Qualified <b>03/16/1997</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number <b>59-3477635</b>
22	27	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23. City & State <b>Naples FL</b>	28. City & State <b>Naples FL</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip <b>34110</b>	25. Country <b>US</b>	29. Zip <b>34101</b>
30. Country <b>US</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>HASTINGS, VIVIEN N</b> <b>24301 WALDEN CENTER DR</b> <b>STE 300</b> <b>BONITA SPRINGS FL 34134</b>	10. Name and Address of New Registered Agent 81 Name <b>Leo F. Williams</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>709 103rd Avenue N</b> 83 84 City <b>Naples</b> <b>FL</b> 85 Zip Code <b>34108</b>
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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 <b>DV</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FLOREANI, HENRY J</b>		1.2 NAME <b>Smith, Scott</b>	
STREET ADDRESS <b>24301 WALDEN CENTER DR</b>		1.3 STREET ADDRESS <b>937 Carrick Bend Cir. #101</b>	
CITY-ST-ZIP <b>BONITA SPRINGS FL 34134</b>		1.4 CITY-ST-ZIP <b>Naples, FL 34110</b>	
TITLE <b>DP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GOENAGA, ARMANDO</b>		2.2 NAME <b>James, Sylvia</b>	
STREET ADDRESS <b>24301 WALDEN CENTER DR</b>		2.3 STREET ADDRESS <b>10486 Old Villa Dr.</b>	
CITY-ST-ZIP <b>BONITA SPRINGS FL 34134</b>		2.4 CITY-ST-ZIP <b>Gibsonia, PA 15044</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>STD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GAZAREK, VIVIAN M</b>		3.2 NAME <b>Rowe, Jean</b>	
STREET ADDRESS <b>24301 WALDEN CENTER DR</b>		3.3 STREET ADDRESS <b>938 Carrick Bend Cir. #102</b>	
CITY-ST-ZIP <b>BONITA SPRINGS FL 34134</b>		3.4 CITY-ST-ZIP <b>Naples, FL 34110</b>	
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 on an attachment with an address with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **4/28/99**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)