

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # N97000001602**  
 1. Entity Name  
 THE BIMINI II AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 937 CARRICK BEND CIR NAPLES 34110 FL US	Mailing Address PO BOX 9709 NAPLES 34101 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 34110	Country US	Zip 34104	Country US
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4. FEI Number <b>59-3477635</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

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

HART STEPHEN  
 C/O COLLIER FINANCIAL, INC.  
 NAPLES FL 34123

**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	STD <input type="checkbox"/> Delete
NAME	ROWE JEAN
STREET ADDRESS	938 CARRICK BEND CIR #102
CITY-ST-ZIP	NAPLES FL 34110
TITLE	VD <input type="checkbox"/> Delete
NAME	JAMES SYLVIA
STREET ADDRESS	10486 OLD VILLA DR
CITY-ST-ZIP	GIBSONIA PA 15044
TITLE	PD <input type="checkbox"/> Delete
NAME	SMITH SCOTT
STREET ADDRESS	937 CARRICK BEND CIR #101
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEDELIO JOHN
STREET ADDRESS	929 CARRICK BEND CIR
CITY-ST-ZIP	NAPLES FL 34110
TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAINELLI DANTE
STREET ADDRESS	930 CARRICK BEND CIR
CITY-ST-ZIP	NAPLES FL 34110
TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHATZ MARIE
STREET ADDRESS	929 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: MARIE SCHATZ PD 04/29/2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)