

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2004  
Secretary of State**

DOCUMENT# N97000001602

**Entity Name:** THE BIMINI AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34110 US

**New Principal Place of Business:**

**Current Mailing Address:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 US

**New Mailing Address:**

FEI Number: 59-3477635      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

R&P PROPERTY MANAGEMENT  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FISKIO, LEVONE  
Address: 906 VARRICK BEND CIRCLE #102  
City-St-Zip: NAPLES, FL 34110

Title: VPD ( ) Delete  
Name: DANEY, ERNIE  
Address: 953 CARRICK BEND CIRCLE #201  
City-St-Zip: NAPLES, FL 34110

Title: STD ( ) Delete  
Name: FEE, DOUGLAS  
Address: 921 CARRICKB END CIRCLE #201  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: FISKIO, LENORE  
Address: 906 VARRICK BEND CIRCLE #102  
City-St-Zip: NAPLES, FL 34110

Title: VPD (X) Change ( ) Addition  
Name: PEARSON, JIM  
Address: 881 CARRICK BEND CIRCLE #201  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENORE FISKIO

PD

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date