

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2009
Secretary of State**

DOCUMENT# N97000001602

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

Current Principal Place of Business:

720 TARPON COVE DRIVE
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

720 TARPON COVE DRIVE
NAPLES, FL 34110 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:

PLATINUM PROPERTY MANAGMENT, LLC
1016 COLLIER CENTER WAY
SUITE 102
NAPLES, FL 34110 US

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, LENORE
Address: 906 CARRICK BEND CIR SUITE 102
City-St-Zip: NAPLES, FL 34110

Title: VP () Delete
Name: BOCHLKE, TED
Address: 400 CORRIEK BEND CIRCLE #101
City-St-Zip: NAPLES, FL 34110

Title: STD () Delete
Name: DISTLER, ROBERT
Address: 873 CARRICKB END CIRCLE #101
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BOCHLKE, TED
Address: 400 CARRIK BEND CIRCLE #101
City-St-Zip: NAPLES, FL 34110

Title: STD (X) Change () Addition
Name: DISTLER, ROBERT
Address: 873 CARRICK BEND CIRCLE #101
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JUDITH BONACCI

MGR

04/27/2009

Electronic Signature of Signing Officer or Director

Date