

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N97000002634 (0)**

1. Corporation Name

THE BIMINI IV AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134**

**24301 WALDEN CENTER DRIVE
SUITE 300
BONITA SPRINGS FL 34134**

3. Date Incorporated or Qualified

05/06/1997

4. FEI Number

59-3450166

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HASTING, VIVIEN N
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108**

81 Name

Vivien N. Hastings

82 Street Address (P.O. Box Number is Not Acceptable)

24301 Walden Center Drive

83

Suite 300

84 City

Bonita Springs

FL

85 Zip Code

34134

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

Vivian M. Gazarek

3/18/98

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSCATO, ALBERT F JR	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	
CITY-ST-ZIP	NAPLES FL 34108	

1.1 TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Henry J. Floreani	
1.3 STREET ADDRESS	24301 Walden Center Drive	
1.4 CITY-ST-ZIP	Bonita Springs, FL 34134	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOENAGA, ARMANDO	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500	
CITY-ST-ZIP	NAPLES FL 34108	

2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	24301 Walden Center Drive	
2.4 CITY-ST-ZIP	Bonita Springs, FL 34134	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIVERA, CARLOS	
STREET ADDRESS	801 LAUREL OAKS DRIVE, SUITE 500	
CITY-ST-ZIP	NAPLES FL 34108	

3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Vivian M. Gazarek	
3.3 STREET ADDRESS	24301 Walden Center Drive	
3.4 CITY-ST-ZIP	Bonita Springs, FL 34134	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

Vivian M. Gazarek, Secretary

SIGNATURE:

Vivian M. Gazarek

3/18/98

(941) 947-2600

CR2E037 (10/97)