

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90017 001 \*\*\*735.00

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NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N97000002634**

1. Corporation Name  
**THE BIMINI IV AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business  
 24301 WALDEN CENTER DRIVE  
 SUITE 300  
 BONITA SPRINGS FL 34134

Mailing Address  
 24301 WALDEN CENTER DRIVE  
 SUITE 300  
 BONITA SPRINGS FL 34134



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/06/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3450166	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HASTINGS, VIVIAN N 24301 WALDEN CENTER DR STE 300 BONITA SPRINGS FL 34134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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. (NOT Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLOREANI, HENRY J	1.2 NAME	Milton G. Flinn
STREET ADDRESS	24301 WALDEN CENTER DR	1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GOENAGA, ARMANDO	2.2 NAME	Timothy Oak
STREET ADDRESS	24301 WALDEN CENTER DR	2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	DST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAZAREK, VIVIAN M	3.2 NAME	Kelli Eastman
STREET ADDRESS	24301 WALDEN CENTER DR	3.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	BONITA SPRINGS FL 34134	3.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Paula Bidwell
STREET ADDRESS		4.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thomas McCall
STREET ADDRESS		5.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Bonita Springs, FL 34134
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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 2/11/99 DAYTIME PHONE: (941) 947-2600

CR2E037 (11/98)