

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002634

1. Entity Name

THE BIMINI IV AT TARPON COVE CONDOMINIUM ASSOCIA

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90153 021 ****61.25

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 34134-4920

2. Principal Place of Business

3. Mailing Address

PO Box 9709

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NAPLES FL

4. FEI Number

59-3450166

Applied For

Not Applicable

Zip

Country

34101-9709

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HASTINGS, VIVEN N
24301 WALDEN CENTER DR
STE 300
BONITA SPRINGS FL 34134

Name: Stephen P. Hart
Street Address (P.O. Box Number is Not Acceptable)
COLLIER FINANCIAL Inc
4985 TAMiami Trl EAST
City: NAPLES FL Zip Code: 34113

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: DP ☒ Delete
NAME: FLINN, MILTON
STREET ADDRESS: 24301 WALDEN CENTER DR
CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: DP ☐ Change ☒ Addition
NAME: Kenneth W. Hayden
STREET ADDRESS: 24301 Walden Center Drive
CITY-ST-ZIP: Bonita Springs, FL. 34134

TITLE: DV ☐ Delete
NAME: OAK, THIMOTHY
STREET ADDRESS: 24301 WALDEN CENTER DR
CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: DST ☐ Change ☒ Addition
NAME: Yvonne Blair
STREET ADDRESS: 24301 Walden Cenetr Drive
CITY-ST-ZIP: Boniat Springs, FL. 34134

TITLE: DST ☒ Delete
NAME: EASTMAN, KELLI
STREET ADDRESS: 24301 WALDEN CENTER DR
CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: AS ☒ Delete
NAME: BIDWELL, PAULA
STREET ADDRESS: 24301 WALDEN CENTER DR
CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: AS ☐ Delete
NAME: MCCALL, THOMAS
STREET ADDRESS: 24301 WALDEN CENTER DR
CITY-ST-ZIP: BONITA SPRINGS FL 34134

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ 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)(i), 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:

SIGNATURE REQUIRED: KENNETH W. HAYDEN 3-2000 941-4988620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)