

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000002634****1. Entity 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**P.O. BOX 9709  
NAPLES FL 34101**2. Principal Place of Business**

265 AIRPORT ROAD SOUTH

**3. Mailing Address**

265 AIRPORT ROAD SOUTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

NAPLES FL

**City & State**

NAPLES FL

**4. FEI Number****59-3450166****Applied For**

Not Applicable

**Zip**

34110

**Country****Zip**

34104

**Country****5. Certificate of Status Desired**☐**\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**HART STEPHEN P  
COLLIER FINANCIAL, INC.  
4985 TAMiami TRAIL EAST  
NAPLES FL 34113 US**7. Name and Address of New Registered Agent****Name**

CARROLL GLENN

Street Address (P.O. Box Number is Not Acceptable)  
265 AIRPORT ROAD SOUTHCity  
NAPLES**FL**Zip Code  
34104

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 **GLENN CARROLL****04/29/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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**

TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	MCCALL THOMAS	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DP	<input type="checkbox"/> Delete
NAME	HAYDEN KENNETH	
STREET ADDRESS	424301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DST	<input type="checkbox"/> Delete
NAME	YVONNE BLAIR	
STREET ADDRESS	424301 WALDEN CENTER DRIVE	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DV	<input type="checkbox"/> Delete
NAME	OAK THIMOTHY	
STREET ADDRESS	24301 WALDEN CENTER DR	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN MARLLYN	
STREET ADDRESS	913 CARRICK BEND CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	DST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEE DOUG	
STREET ADDRESS	921 CARRICK BEND CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORDAN BOB	
STREET ADDRESS	905 CARRICK BEND CIR	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: BOB JORDAN**

PD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)