

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002634

FILED  
Mar 21, 2002 8:00 AM  
Secretary of State

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

**Current Principal Place of Business:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34110

**New Principal Place of Business:**

**Current Mailing Address:**

265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3450166

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CARROLL, GLENN  
265 AIRPORT ROAD SOUTH  
NAPLES, FL 34104 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: JORDAN, BOB  
Address: 905 CARRICK BEND CIR  
City-St-Zip: NAPLES, FL 34110

Title: DST ( ) Delete  
Name: FEE, DOUG  
Address: 921 CARRICK BEND CIR  
City-St-Zip: NAPLES, FL 34110

Title: DVP ( ) Delete  
Name: MARTIN, MARLLYN  
Address: 913 CARRICK BEND CIR  
City-St-Zip: NAPLES, FL 34110

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DST ( ) Change (X) Addition  
Name: HEYDA, JAMES  
Address: 905 CARRICK BEND CIRCLE #202  
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOUG FEE

DST

03/21/2002

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date