


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000002644 (9)**

1. Corporation Name

**THE BIMINI III 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**



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
24	29
25	30

3. Date incorporated or Qualified

**05/06/1997**

4. FEI Number

**59-3450183**

Applied For

Not Applicable

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	<b>Vivien N. Hastings</b>
82 Street Address (P.O. Box Number Is Not Acceptable)	<b>24301 Walden Center Drive</b>
83	<b>Suite 300</b>
84 City	<b>Bonita Springs FL</b>
85 Zip Code	<b>34134</b>

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

*[Signature]*

**3/18/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MOSCATO, ALBERT F JR</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, SUITE 500</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GOENAGA, ARMANDO</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, SUITE 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIVERA, CARLOS A</b>	
STREET ADDRESS	<b>801 LAUREL OAK DRIVE, SUITE 102</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<b>DV</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Henry J. Floreani</b>	
1.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>	
1.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
2.1 TITLE	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>	
2.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
3.1 TITLE	<b>DST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Vivian M. Gazarek</b>	
3.3 STREET ADDRESS	<b>24301 Walden Center Drive</b>	
3.4 CITY-ST-ZIP	<b>Bonita Springs, FL 34134</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 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		
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.

SIGNATURE: *Vivian M. Gazarek*

**3/18/98**

**(941) 947-2600**

CR2E037 (10/97)