## **2001 UNIFORM BUSINESS REPORT (UBR) FILED** Apr 29, 2001 08:00 AM N97000002644 DOCUMENT # 1. Entity Name **Secretary of State** THE BIMINI III AT TARPON COVE CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address 24301 WALDEN CENTER DRIVE PO BOX 9709 SUITE 300 BONITA SPRINGS FL NAPLES 34134 341019709 2. Principal Place of Business 3. Mailing Address 265 AIRPORT ROAD SOUTH 265 AIRPORT ROAD SOUTH Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NAPLES NAPLES 59-3450183 Not Applicable Zip Country Zio Country \$8.75 Additional 5. Certificate of Status Desired 34104 Fee Required 34104 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARROLL GLENN HART STEPHEN Street Address (P.O. Box Number is Not Acceptable) COUIER FINANCIAL, INC. 265 AIRPORT ROAD SOUTH 4985 TAMIAMI TRL EAST NAPLES FL34113 US City Zip Code NAPLES 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. GLENN CARROLL 04/29/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE AS X Delete TITLE ☐ Change ☐ Addition NAME MCCALL. THOMAS NAME STREET ADDRESS 24301 WALDEN CENTER DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BONITA SPRINGS 34134 🛚 Delete TITLE TITLE ☐ Change ☐ Addition NAME BIDWELL PAULA NAME STREET ADDRESS STREET ADDRESS 24301 WALDEN CENTER DR CITY-ST-ZIP BONITA SPRINGS FL. 34134 CITY-ST-ZIP TITLE DST Delete TITLE DST X Change ☐ Addition NAME BLAIR YVONNE NAME FISKO LENORE STREET ADDRESS 24301 WALDEN CENTER DR STREET ADDRESS 906 CARRICK BEND CIR CITY-ST-ZIP BONITA SPRINGS CITY-ST-ZIP NAPLES FL. 34134 FL. 34110 TITLE Delete TITLE VPS X Change Addition NAME OAK TIMOTHY NAME MCLEOD JACKIE STREET ADDRESS 24301 WALDEN CENTER DR STREET ADDRESS 882 CARRICK BEND CIR CITY-ST-ZIP BONITA SPRINGS FL. 34134 CITY-ST-ZIP NAPLES FL. 34110 TITLE DP Delete TITLE DP X Change ☐ Addition NAME HAYDEN KENNETH NAME FOSTER лм STREET ADDRESS 24301 WALDEN CENTER DR STREET ADDRESS 890 CARRICK BEND CIR CITY-ST-ZIP BONITA SPRINGS $\mathbf{FL}$ 34134 CITY-ST-ZIP NAPLES FL, 34110 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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: \_

JIM FOSTER

PD

04/29/2001

CR2E037 (11/00)