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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000006444 (0)
 1. Corporation Name
THE BIMINI V AT TARPON COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 24301 WALDEN CENTER DR. SUITE 300 BONITA SPRINGS FL 34134	Mailing Address 24301 WALDEN CENTER DR. SUITE 300 BONITA SPRINGS FL 34134
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3. Date Incorporated or Qualified 11/13/1997	
4. FEI Number 59-3480547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
HASTINGS, VIVIAN N
24301 WALDEN CENTER DR, SUITE 300
BONITA SPRINGS FL 34134

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MOSCATO, ALBERT F JR	1.1 TITLE VD	1.2 NAME Henry J. Floreani
STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 300	CITY-ST-ZIP BONITA SPRINGS FL 34134	1.3 STREET ADDRESS 24301 Walden Center Drive	1.4 CITY-ST-ZIP Bonita Springs, FL 34134
TITLE VSTD	NAME GOENAGA, ARMANDO	2.1 TITLE PD	2.2 NAME
STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 300	CITY-ST-ZIP BONITA SPRINGS FL 34134	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE D	NAME EBENGER, MARY B	3.1 TITLE STD	3.2 NAME Vivian M. Gazarek
STREET ADDRESS 24301 WALDEN CENTER DR, SUITE 300	CITY-ST-ZIP BONITA SPRINGS FL 34134	3.3 STREET ADDRESS 24301 Walden Center Drive	3.4 CITY-ST-ZIP Bonita Springs, FL 34134
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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)