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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000006444

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

11/13/1997

4. FEI Number

59-3480547

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

9. Name and Address of Current Registered Agent

HASTINGS, VIVEN 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME VD
STREET ADDRESS FLOREANI, HENRY J
CITY-ST-ZIP 24301 WALDEN CENTER DR
BONITA SPRINGS FL 34134

TITLE ☒ DELETE
NAME PD
STREET ADDRESS GOENAGA, ARMANDO
CITY-ST-ZIP 24301 WALDEN CENTER DR, SUITE 300
BONITA SPRINGS FL 34134

TITLE ☒ DELETE
NAME STD
STREET ADDRESS GAZAREK, VIVIAN M
CITY-ST-ZIP 24301 WALDEN CENTER DR
BONITA SPRINGS FL 34134

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME DD
1.3 STREET ADDRESS Milton G. Flinn
1.4 CITY-ST-ZIP 24301 Walden Center Drive
Bonita Springs, FL 34134

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME DV
2.3 STREET ADDRESS Timothy Oak
2.4 CITY-ST-ZIP 24301 Walden Center Drive
Bonita Springs, FL 34134

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME DST
3.3 STREET ADDRESS Kelli Eastman
3.4 CITY-ST-ZIP 24301 Walden Center Drive
Bonita Springs, FL 34134

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME AS
4.3 STREET ADDRESS Paula Bidwell
4.4 CITY-ST-ZIP 24301 Walden Center Drive
Bonita Springs, FL 34134

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME AS
5.3 STREET ADDRESS Thomas McCall
5.4 CITY-ST-ZIP 24301 Walden Center Drive
Bonita Springs, FL 34134

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/11/99 (941) 947-2600

CR2E037 (11/98)