

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006444

1. Entity Name

THE BIMINI V AT TARPON COVE CONDOMINIUM ASSOCIAT

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90087 035 ****61.25

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 34134-4920
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State	City & State	4. FEI Number 59-3480547	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HASTINGS, VIVIEN N
24301 WALDEN CENTER DR, SUITE 300
BONITA SPRINGS FL 34134**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLINN, MILTON G <input checked="" type="checkbox"/> Delete 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OAK, TIMOTHY <input type="checkbox"/> Delete 24301 WALDEN CENTER DR, SUITE 300 BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EASTMAN, KELLI <input checked="" type="checkbox"/> Delete 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BIDWELL, PAULA <input checked="" type="checkbox"/> Delete 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MCCALL, THOMAS <input type="checkbox"/> Delete 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Kenneth W. Hayden <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24301 Walden Center Drive Bonita Springs, FL. 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Yvonne Blair <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24301 Walden Center Drive Bonita Springs, FL. 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: KENNETH W. HAYDEN 941-498-8620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)