

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM****Secretary of State****DOCUMENT # N97000006444****1. Entity Name**  
THE BIMINI V AT TARPON COVE CONDOMINIUM ASSOCIATION, I  
NC.**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**  
R&P PROPERTY MANAGEMENT**3. Mailing Address**  
R&P PROPERTY MANAGEMENT**Suite, Apt. #, etc.**  
265 AIRPORT ROAD**Suite, Apt. #, etc.**  
265 AIRPORT ROAD**City & State**  
NAPLES FL**City & State**  
NAPLES FL**Zip**  
34104**Zip**  
34104**4. FEI Number**  
59-3480547**Applied For**  
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**HASTINGS VIVIEN N  
24301 WALDEN CENTER DR, SUITE 300BONITA SPRINGS FL  
34134**Name**  
CARROLL GLENN**Street Address (P.O. Box Number is Not Acceptable)**  
265 AIRPORT ROAD**City**  
NAPLES FL **Zip Code**  
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.****SIGNATURE** **GLENN CARROLL****04/29/2001**

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

(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****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10****TITLE** AS ☒ Delete  
**NAME** MCCALL THOMAS  
**STREET ADDRESS** 24301 WALDEN CENTER DR  
**CITY-ST-ZIP** BONITA SPRINGS FL 34134**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** AS ☒ Delete  
**NAME** BIDWELL PAULA  
**STREET ADDRESS** 24301 WALDEN CENTER DR  
**CITY-ST-ZIP** BONITA SPRINGS FL 34134**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** STD ☐ Delete  
**NAME** EASTMAN KELLI  
**STREET ADDRESS** 24301 WALDEN CENTER DR  
**CITY-ST-ZIP** BONITA SPRINGS FL 34134**TITLE** STD ☒ Change ☐ Addition  
**NAME** DORFING CHARLES  
**STREET ADDRESS** 881 CARRICK BEND CIRCLE  
**CITY-ST-ZIP** NAPLES FL 34110**TITLE** DV ☐ Delete  
**NAME** OAK TIMOTHY  
**STREET ADDRESS** 24301 WALDEN CENTER DR, SUITE 300  
**CITY-ST-ZIP** BONITA SPRINGS FL 34134**TITLE** DV ☒ Change ☐ Addition  
**NAME** BOTHWELL JIM  
**STREET ADDRESS** 873 CARRICK BEND CIRCLE  
**CITY-ST-ZIP** NAPLES FL 34110**TITLE** DP ☐ Delete  
**NAME** FLINN MILTON G  
**STREET ADDRESS** 24301 WALDEN CENTER DR  
**CITY-ST-ZIP** BONITA SPRINGS FL 34134**TITLE** DP ☒ Change ☐ Addition  
**NAME** PEARSON JIM  
**STREET ADDRESS** 881 CARRICK BEND CIRCLE  
**CITY-ST-ZIP** NAPLES FL 34110**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**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)(f), 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 PEARSON

DP

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)