

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 Suite, Apt. #, etc. 265 AIRPORT ROAD NAPLES FL	3. Mailing Address R&P PROPERTY MANAGEMENT Suite, Apt. #, etc. 265 AIRPORT ROAD NAPLES FL
City & State NAPLES FL	City & State NAPLES FL
Zip 34104	Country

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 HASTINGS VIVIEN N 24301 WALDEN CENTER DR, SUITE 300 BONITA SPRINGS FL 34134	7. Name and Address of New Registered Agent 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 DATE 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. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	AS MCCALL THOMAS 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BIDWELL PAULA 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EASTMAN KELLI 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DORFING CHARLES 881 CARRICK BEND CIRCLE NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV OAK TIMOTHY 24301 WALDEN CENTER DR, SUITE 300 BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BOTHWELL JIM 873 CARRICK BEND CIRCLE NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FLINN MILTON G 24301 WALDEN CENTER DR BONITA SPRINGS FL 34134	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEARSON JIM 881 CARRICK BEND CIRCLE NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(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 DATE 04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)