2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jul 16, 2004 8:00 am
Secretary of State
05-04-2004 90127 037 ****61.25

DOCUMENT # N98000001930

1. Entity Name
BIMINI GARDENS CONDOMINIUM ASSOCIATION, INC.

66430013

Principal Place of Business	Mailing Address
4720 SE 15TH AVE SUITE 205 CAPE CORAL, FL 33904	4720 SE 15TH AVE SUITE 205 CAPE CORAL, FL 33904

04292004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
38-2167386
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

Laurence L. Kirchner, Sr.
Cape Sunset Realty, Inc.
4307 Del Prado Blvd.-Unit #3
Cape Coral, FL 33904

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 7/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	John Corcoran
STREET ADDRESS	6460 West Belle Plaine Ave., Unit 206
CITY-ST-ZIP	Chicago, IL 60634
TITLE	VP
NAME	Larry Buffington
STREET ADDRESS	5105 Coronado Pkwy, #104
CITY-ST-ZIP	Cape Coral, FL 33904
TITLE	Treasurer
NAME	Joe Rizzo
STREET ADDRESS	715 Pennsylvania Avenue
CITY-ST-ZIP	Lyndhurst, NJ 07071
TITLE	Secretary
NAME	Pat Hodgkins
STREET ADDRESS	9 Gambia Street
CITY-ST-ZIP	Hudson, NH 03051
TITLE	2nd VP
NAME	Alex Holman
STREET ADDRESS	20 Running Tide Drive
CITY-ST-ZIP	Scarborough, NE 04074
TITLE	Director
NAME	Sidney Arends
STREET ADDRESS	37 Windsor Avenue
CITY-ST-ZIP	Buffalo, NY 14209

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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: John E Corcoran JOHN E CORCORAN PRES 12 Jul 2004 773-343-9090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #