



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90030 039 ***150.00

DOCUMENT # V29406 1. Entity Name BIMINI BAY PROPERTIES, INC.					
Principal Place of Business TIMBER VILLAGES-OPES NA 39TH AVE & 51ST STREET GAINESVILLE, FL 32606			Mailing Address 3601 SW 2ND AVE STE R GAINESVILLE, FL 32607 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 3601 S.W. 2nd Avenue Suite F			
City & State Gainesville, FL		4. FEI Number 59-3119288		Applied For <input type="checkbox"/> Not Applicable	
Zip 32607	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		02132006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent RICHARDSON, REGINA W 3601 SW 2ND AVENUE STE R GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Regina Richardson Street Address (P.O. Box Number is Not Acceptable) 3601 S.W. 2nd Ave., Suite F City Gainesville FL Zip Code 32607		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARDSON, DAVID M 10519 NE CR 1469 EARLETON, FL 32631	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST RICHARDSON, REGINA W 10519 NE CR 1469 EARLETON, FL 32631	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 607, 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.

Regina Richardson

Regina Richardson