

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR -6 AM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **721705** (2)
1. Corporation Name
BISCAYA III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address

**20450 W.COUNTRY CLUB DRIVE
MIAMI BEACH FL 33180** **20450 W.COUNTRY CLUB DRIVE
MIAMI BEACH FL 33180**

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
09/15/1971 **03/25/1994**

4. FEI Number Applied For
59-2731419 Not Applicable

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

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**BESSIE J LAMBDIS
20450 W COUNTRY CLUB DRIVE
MIAMI BEACH FL 33180**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE Bessie J Lambdis DATE 2/14/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GOLDFIELD, BEN
STREET ADDRESS	20500 W. COUNTRY CLUB
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	PD
NAME	HENDLER, JOSEPH
STREET ADDRESS	20400 W COUNTRY CLUB DR
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	STECKLER, HENRY
STREET ADDRESS	20400 W. C. C.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	RADIN, EVA
STREET ADDRESS	20500 W COUNTRY CLUB DR
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	D
NAME	KALUS, ELLIOT
STREET ADDRESS	20500 W COUNTRY CLUB DR
CITY - ST - ZIP	MIAMI, FL 00000
TITLE	T
NAME	DRIBEN, LEO
STREET ADDRESS	20500 W COUNTRY CLUB DR
CITY - ST - ZIP	MIAMI, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph Hendler Pres. DATE 2/14/95 (805) 744-5471
Signature and typed or printed name of signing officer or director (Date) (Typed Name #)