## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

721705

(2)

DOCUMENT #

1. Corporation Name

BISCAYA III CONDOMINIUM ASSOCIATION, INC.											
Principal Place	of Business	Mailing Address					i statet ladia 14801 (1611 1601) daint	Biti Biffit Biffit Midi	W1311 D1	(E)) (F)	
20450 W.COUNTRY CLUB DRIVE 20450 W.COUNTRY CLUB DRIVENIMAMI BEACH FL 33180 N.MIAMI BEACH FL 33180				RIVE							
							3. Date Incorporated or Qualified 09/15/1971	3a. Date of <b>04/(</b>	Last F 6/19		
2. Principal Pl	ace of Business	2a. Mailing Address 26				4. FEI Number 59-2731419					
Suite, Apt.	≠, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$		Additional equired		
City & State	9	City & State				Election Campaign Financing     Trust Fund Contribution			May Be to Fees		
<b>23</b> Zip	Country	Zip	Cou	untry			8. This corporation has liability for i	ntangible tax un	der s.	199.032,	
24	25	29	30				Florida Statutes	Yes No			
	9. Name and Address of Curren	t Registered Agent					10. Name and Address of New R	egistered Agei	1t		
				81	Name						
BESSIE J LAMBIDIS 20450 W COUNTRY CLUB DRIVE				82	Street	Address	(P.O. Box Number is Not Acceptab	e)			
	BEACH FL 33180			63					-T		
				84	City			FL  81	5 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Stat	utes, the ab	ove-r	named co	orporatio	on submits this statement for the pur	pose of changin	g its re	gistered office	
or registe	to the provisions of Sections 617.0502 red agent, or both, in the State of Floric ith_and accept the obligations of, Secti	da. Such change was autho	rized by the	corp	oration's	board o	of directors, it nereby accept the appr	ointinent as regi	stered	agent, ran	
SIGNATURE		web.dr	Pess	31	. 3.	\_a,	mbidis. Manus	412	96		
SIGNATORE	Styriature, typed or printed name or registered againt	and title if applicative	NOTE: Hagistere	ad Ager	il signalure r	required wh	en reinstating! ADDITIONS/CHANGES TO OFF	DATE	ECTO	DC IN 10	
12.	OFFICERS ANI	D DIRECTORS    DELFTE	13.	TITLE		1	ADDITIONS/CHANGES TO OFF			Addition	
TITLE	V DELECTED BEN	Checkie									
NAME	GOLDFIELD, BEN			NAME OZOGEZ	ADDDECC						
STREET ADDRESS	20500 W. COUNTRY CLUB MIAMI, FL 00000			STREET CITY - S	ADDRESS						
City-St-ZiP	PD	DELETE		TITLE	51-2 <b>I</b> F	<u> </u>			nange	Addition	
TITLE	HENDLER, JOSEPH	L-1012472		NAME							
NAME STREET ADDRESS	20400 W COUNTRY CLUB DE	R			r address						
STREET ADDRESS	MIAMI FL	•			ST-ZIP						
CITY-ST-ZIP TITLE	D	DELETE		TITLE		<del>                                     </del>		□ C	nange	Addition	
NAME	EDWARD HESSING	_	32	NAME							
STREET ADDRESS	20400 W. C. C.		33	STREE	T ADORESS						
CITY-ST-ZIP	MIAMI FL		34	CITY -	ST-ZIP	<u> </u>					
TITLE	S	DELETE	4.1	TITLE			·	□ c	hange	■ Addition	
NAME	RADIN, EVA		4 2	NAME							
STREET ADDRESS	ANEAN MY COLINITON CLUB DI	R	4.3	STREE	i address						
CITY - ST - ZIP	MIAMI, FL 00000		44	CITY -	ST-ZIP	ļ					
TITLÉ	· T	DELETE		TITLE					hange	Addition	
NAME	KALUS, ELLIOT	_		NAME		1					
STREET ADDRESS	20500 W COUNTRY CLUB D	R			I ADDRESS						
CITY-ST-ZIP	MIAMI, FL 00000	Pilos, and			ST-ZIP	<b>_</b>			hange	Addition	
TITLE	BORIS SHKOLNIK	DELETE		TITLE		1			ange	L.J Addition	
NAME											
	BURIS SHKULNIK	n		NAME							
STREET ADDRESS	JOSO W COUNTRY CLUB D	R	63	STREE	1 adoress St-zip						

14. Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 early, 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_