

FILE NOW: FILING FEE IS \$61.25

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May 08, 1999 8:00 am
Secretary of State

05-08-1999 90071 021 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 721705

1. Corporation Name
BISCAYA III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business: 20450 W.COUNTRY CLUB DRIVE N.MIAMI BEACH FL 33180
 Mailing Address: 20450 W.COUNTRY CLUB DRIVE N.MIAMI BEACH FL 33180



* 524853 - 90071 - 21

21 Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/15/1971	
22 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2731419	
23 City & State		27 City & State		Applied For Not Applicable	
24 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BESSIE J LAMBIDIS 20450 W COUNTRY CLUB DRIVE N MIAMI BEACH FL 33180				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOLDFIELD, BEN		1.2 NAME		
STREET ADDRESS	20500 W. COUNTRY CLUB		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		1.4 CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RADIN, EVA		2.2 NAME		
STREET ADDRESS	10500 W. COUNTRY CLUB DR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	GABOL, PAMELA		3.2 NAME	D	
STREET ADDRESS	20500 W. COUNTRY CLUB DR.		3.3 STREET ADDRESS	Leyton, Nancy Jane	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	20400 W. COUNTRY CLUB DR.	
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BASKIN, EVELYN		4.2 NAME		
STREET ADDRESS	20500 W COUNTRY CLUB DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KALUS, ELLIOT		5.2 NAME		
STREET ADDRESS	20500 W COUNTRY CLUB DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		5.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, RUBY		6.2 NAME		
STREET ADDRESS	26400 W COUNTRY CLUB DR		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *SIGNATURE REQUIRED* **5/1/99** (305) 932-5471
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)