

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721705

FILED
Feb 25, 2009
Secretary of State

Entity Name: BISCAYA III CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

20450 W.COUNTRY CLUB DRIVE
N.MIAMI BEACH, FL 33180

New Principal Place of Business:

Current Mailing Address:

20450 W.COUNTRY CLUB DRIVE
N.MIAMI BEACH, FL 33180

New Mailing Address:

FEI Number: 59-2731419 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BESSIE J LAMBIDIS
20450 W COUNTRY CLUB DRIVE
N MIAMI BEACH, FL 33180 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HESSING, EDWARD
Address: 20400 W. COUNTRY CLUB DR. #605
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: KAZANOFF, STANLEY
Address: 20400 W. COUNTRY CLUB DR, 709
City-St-Zip: MIAMI, FL

Title: S () Delete
Name: LEYTON, NANCY J
Address: 20400 W. COUNTRY CLUB DR, 406
City-St-Zip: MIAMI, FL

Title: VP () Delete
Name: RADIN, EVA
Address: 20500 W. COUNTRY CLUB DR, 714
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: KALUS, ELLIOT
Address: 20500 W. COUNTRY CLUB DR, 808
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: AMBROSE, JAMES
Address: 20400 WEST COUNTRY CLUB SUITE 312
City-St-Zip: MIAMI, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BESSIE J. LAMBIDIS

Electronic Signature of Signing Officer or Director

MANA

02/25/2009

_____ Date