

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90158 029 ****61.25

DOCUMENT # 721705

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2731419**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	FONDEVILA, JAIME	
STREET ADDRESS	20500 W. COUNTRY CLUB	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAZANOFF, STANLEY	
STREET ADDRESS	20400 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEYTON, NANCY J	
STREET ADDRESS	20400 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	JIM AMBROSE	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	KALUS, ELLIOT	
STREET ADDRESS	20500 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHNEIDER, RUBY	
STREET ADDRESS	26400 W COUNTRY CLUB DR	
CITY-ST-ZIP	MIAMI FL	

TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVA RADIN	
STREET ADDRESS	20500 W. COUNTRY CLUB DRIVE	
CITY-ST-ZIP	AVENTURA, FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CF2E037 (10/02)

12. 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 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 617, 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.

SIGNATURE: *Jim Ambrose* **PRESIDENT** Jan. 10/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR