

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

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90409 004 \*\*\*\*61.25

**DOCUMENT # 742986**

1. Entity Name

**CAMP BISCAYNE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

**3505 MAIN LODGE DRIVE  
COCONUT GROVE FL 33133**

Mailing Address

**3505 WILDWOOD CIRCLE  
COCONUT GROVE FL 33133**

2. Principal Place of Business

*3505 Wildwood Circle*

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Coconut Grove, FL*

City & State

4. FEI Number **59-2115778**

Applied For

Not Applicable

Zip

*33133*

Country

*Miami-Dade*

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SWETLAND, DAVID W  
3505 WILDWOOD CIRCLE  
COCONUT GROVE FL 33133**

7. Name and Address of New Registered Agent

Name

*Lisa Braden*

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

*3505 Wildwood Circle*

City

*Coconut Grove*

**FL**

Zip Code

*33133*

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 *Lisa Braden, president*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/4/03*

**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

TITLE ☐ Delete  
NAME **PD SWETLAND, DAVID W**  
STREET ADDRESS **3505 MAIN LODGE DRIVE**  
CITY-ST-ZIP **COCONUT GROVE FL**

TITLE ☐ Delete  
NAME **VD COREY, LINDA**  
STREET ADDRESS **3506 BANYAN CIRCLE**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete  
NAME **SD FREIDIN, ELLEN**  
STREET ADDRESS **3160 MUNROE DR.**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete  
NAME **D HARRISON, JOSEPH**  
STREET ADDRESS **3120 MUNROE DRIVE**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete  
NAME **TD BRADEN, LISA**  
STREET ADDRESS **3505 WILDWOOD CIRCLE**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME **PD Swetland, David W**  
STREET ADDRESS **Box 108, Peaslee Rd.**  
CITY-ST-ZIP **Alna, ME 04535**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME **TD Harrison, Joseph**  
STREET ADDRESS **3120 Munroe Drive**  
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☒ Change ☐ Addition  
NAME **PD Braden, Lisa**  
STREET ADDRESS **3505 Wildwood Circle**  
CITY-ST-ZIP **Coconut Grove, FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 *Lisa Braden, president*

*1/5/03*

*305-529-9532*

CR2E037 (10/02)