

FILE NOW: FILING FEE IS \$61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000003023 (9)

1. Corporation Name

BISCAYNE DOWNS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P.O. BOX 26562  
JACKSONVILLE FL 32226-0562

P.O. BOX 26562  
JACKSONVILLE FL 32226-0562

3. Date Incorporated or Qualified

06/29/1993

3a. Date of Last Report

05/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARDS, TOMMY  
11102 ARISTIDES WAY  
JACKSONVILLE FL 32218

81 Name

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

83

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME BUSH, CHERYL  
STREET ADDRESS 11498 SIR BARTON COURT  
CITY-ST-ZIP JACKSONVILLE FL 33218

11 TITLE P ☒ Change ☐ Addition

12 NAME Joseph S. Coppock, Jr.  
13 STREET ADDRESS 11499 Sir Barton Court  
14 CITY-ST-ZIP Jacksonville, Florida 32218

TITLE D ☐ DELETE

NAME WELLS, GERALD  
STREET ADDRESS 1760 CAVALCADE COURT  
CITY-ST-ZIP JACKSONVILLE FL 32218

21 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE S ☒ DELETE

NAME COPPOCK, LORETT S  
STREET ADDRESS 11499 SIR BARTON CT.  
CITY-ST-ZIP JACKSONVILLE FL 32218

31 TITLE S ☐ Change ☒ Addition

32 NAME Tracy Bigham  
33 STREET ADDRESS 1732 Aristides Court  
34 CITY-ST-ZIP Jacksonville, Florida 32218

TITLE BODC ☐ DELETE

NAME EDWARDS, TOMMY  
STREET ADDRESS 11102 ARISTIDES WAY  
CITY-ST-ZIP JACKSONVILLE FL 32218

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME MATTHEWS, RODNEY  
STREET ADDRESS 1725 SECRETARTIAT LANE  
CITY-ST-ZIP JACKSONVILLE FL 32218

51 TITLE ☐ Change ☐ Addition

52 NAME 900001860889  
53 STREET ADDRESS -06/13/96--01015--009  
54 CITY-ST-ZIP \*\*\*61.25

TITLE T ☐ DELETE

NAME COPPOCK, JOSEPH S JR.  
STREET ADDRESS 11499 SIR BARON CT.  
CITY-ST-ZIP JACKSONVILLE FL 32218

61 TITLE T ☐ Change ☒ Addition

62 NAME Rodney Jones  
63 STREET ADDRESS 1741 Gallahadin Court  
64 CITY-ST-ZIP Jacksonville, Florida 32218

14. I do 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 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.

SIGNATURE: JOSEPH S. COPPOCK, JR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 1, 1996

Date

(904)764-2755

Daytime Phone #

CR2E037 (12/95)

N9300000 3023

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VP  
HARRY ROBINSON  
11531 Sir Barton Court  
Jacksonville, Florida 32218