

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003023

FILED
Apr 28, 2005
Secretary of State

Entity Name: BISCAYNE DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 77208
JACKSONVILLE, FL 32226

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 77208
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3206175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, CALVIN
11498 SIR BARTON COURT
JACKSONVILLE, FL 32218 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: DC () Delete
Name: WILLIAMS, CALVIN
Address: 11498 SIR BARTON COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: DT () Delete
Name: WILLIAMS, DANIELLE
Address: 1706 DAYTONA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: MAYHEW, KENNETH
Address: 11567 RIVA RIDGE COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: BRYANT, JANE
Address: 1759 CALVACADE COUNT
City-St-Zip: JACKSONVILLE, FL 32218

Title: DP () Delete
Name: TROTTIE, CAROLYN
Address: 1734 GALLAHADION COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: JOHNSON, VIRGINIA
Address: 11457 SECRETARIAT LANE W
City-St-Zip: JACKSONVILLE, FL 32218

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
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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 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 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: DANIELLE WILLIAMS

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04/28/2005

Electronic Signature of Signing Officer or Director

Date