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Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005583 (6)**

1. Corporation Name

**BISCAYNE POINT SOUTH HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**80 S.W. 8TH STREET  
SUITE 2550  
MIAMI FL 33130**

**80 S.W. 8TH STREET  
SUITE 2550  
MIAMI FL 33130**

3. Date Incorporated or Qualified

**01/01/1997**

4. FEI Number

**65 680 1238**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 15600 SW 288 ST**

**28 PO BOX 4199**

Suite, Apt., etc.

Suite, Apt., etc.

City & State

City & State

**23 MIAMI, FL**

**28 PRINCETON, FL**

Zip

Zip

**24 33 032**

**29 33092**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RODRIGUEZ, JUAN E  
80 S.W. 8TH STREET  
SUITE 2550  
MIAMI FL 33130**

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 **PTD** ☐ DELETE  
NAME **BERMAN, IRVIN**  
STREET ADDRESS **15600 S.W. 28TH ST., SUITE 404**  
CITY - ST - ZIP **HOMESTEAD FL 33033**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **VPSD** ☐ DELETE  
NAME **BERMAN, RICHARD**  
STREET ADDRESS **15600 S.W. 288TH STREET., SUITE 404**  
CITY - ST - ZIP **HOMESTEAD FL 33033**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **NEIMAN, ANDREA**  
STREET ADDRESS **15600 S.W. 288TH STREET., SUITE 404**  
CITY - ST - ZIP **HOMESTEAD FL 33033**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

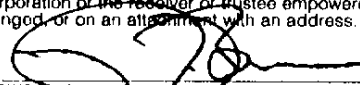
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. 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 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:



**4/1/98 (305) 248-9960**

CR2E037 (10/97)