

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

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90102 013 ****70.00

DOCUMENT # N97000005583

1. Entity Name

**Biscayne Point South Homeowners' Association, Inc.
c/o Harbor Management Services, Inc.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
15600 SW 288 Street

3. Mailing Address
PO Box 924176

Suite, Apt. #, etc.
#406

Suite, Apt. #, etc.

City & State
Homestead, Florida

City & State
Homestead, Florida

4. FEI Number
65-0801238

Applied For
Not Applicable

Zip
33033

Country
USA

Zip
33092

Country
USA

5. Certificate of Status Desired ☒ **\$8.75 Additional**

Fee Required

7. Name and Address of Current Registered Agent

Name

Joyce Goodman-Guenther, PA

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

10723 SW Street

City

Miami

FL

Zip Code
33176

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD	John C. Fitell	TITLE	
NAME	12102 SW 249 Street	NAME	
STREET ADDRESS	Miami, FL 33032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VPD	Ana Llerena	TITLE	
NAME	12070 SW 251 Terrace	NAME	
STREET ADDRESS	Miami, FL 33032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE TD	Donald Ames	TITLE	
NAME	12086 SW 248 Terrace	NAME	
STREET ADDRESS	Miami, FL 33032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	Max Aparicio	TITLE	
NAME	12169 SW 250 Street	NAME	
STREET ADDRESS	Miami, FL 33032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE D	Irene Vunk	TITLE	
NAME	12149 SW 251 Street	NAME	
STREET ADDRESS	Miami, FL 33032	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]