2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 12, 2007 8:00 am Secretary of State

DOCUMENT # N9700005583 1. Entity Name BISCAYNE POINT SOUTH HOMEOWNERS' ASSOCIATION, INC.							02-	-12-2007 9	90076	041 ****	51.25	
Principal Plac 15600 SW 2 STE 406 HOMESTEAD	88TH ST	P. 0.	g Address BOX 924176 CETON, FL 33092	US					. 	11 [3] 11 [1]	1 	
2. Principal P	Place of Business - No P.O. Box #	3. Mail	ing Address			•						
Suite, Apt.	#, etc.	Su	ite, Apt. #, etc.				01032007	Chg-	NP	CR2E0	37 (12/06)	
City & State		Cit	City & State				4. FEI Numbe 65-080				<u> </u>	oplied For
Zip	Country	Ziç		Cou	ntry		5. Certificate	of Statu	s Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registere	d Agent				7. Name and	Addres	s of New Re	gistered	Agent	
SUITS ST	'EDHEN				Name							
SUITS, STEPHEN C/O LAND CAP PROPERTY SERVICES 13800 SW 144 AVE RD					Street Ad	ddress (P.O. Box Numbe	er is Not	Acceptable)			
MIAMI, FL												
					City		`•,			Fl	Zip Cod	e
	named entity submits this statement tions of registered agent.	for the purp	ose of changing its re	egistere	ed office or	register	ed agent, or bot	h, in the	State of Flori	da. I arr	n familiar with,	and accept
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SIGNATURE.												
SIGNATURE	Signature, typed or printed name of registered ager	int and title il app	Hicable. (NOTE: F	Registered	Agent signatu	ure required	when reinstating)			DATE		
SIGNATURE	Signature, typed or printed name of registered ager Filling Fee is \$61.25 Due by May 1, 2007	nt and title if app	9. Election Camp Trust Fund Co	paign Fi	inancing	ure required	\$5.00 May B Added to Fees	е		ke chec	ck payable t	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

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SIGNATURE AND TYPED OR FRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytme Phone #