

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005583

FILED
Mar 23, 2009
Secretary of State

Entity Name: BISCAYNE POINT SOUTH HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

LAND CAP PROPERTY SERVICES
13800 SW 144 AVE RD.
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

LAND CAP PROPERTY SERVICES
13800 SW 144 AVE RD.
MIAMI, FL 33186 US

New Mailing Address:

FEI Number: 65-0801238

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITS, STEPHEN
C/O LAND CAP PROPERTY SERVICES
13800 SW 144 AVE RD
MIAMI, FL 33186 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: D () Delete
Name: REEVES - LEWIS, EVELYN
Address: 12119 SW 249 ST
City-St-Zip: PRINCETON, FL 33032

Title: SD () Delete
Name: MAS, ELIZABETH
Address: 12113 SW 251 STREET
City-St-Zip: PRINCETON, FL 33032

Title: D () Delete
Name: DECESPEDES, CARLOS
Address: 12107 SW 249 STREET
City-St-Zip: PRINCETON, FL 33032

Title: SD () Delete
Name: DECESPEDES, CARLOS
Address: 12107 SW 249 ST
City-St-Zip: PRINCETON, FL 33032

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAS, ELIZABETH
Address: 12113 SW 251 STREET
City-St-Zip: PRINCETON, FL 33032

Title: VPD (X) Change () Addition
Name: DECESPEDES, CARLOS
Address: 12107 SW 249 STREET
City-St-Zip: PRINCETON, FL 33032

Title: TD (X) Change () Addition
Name: GONZALEZ, GILBERT
Address: 12088 SW 251 STREET
City-St-Zip: PRINCETON, FL 33032

Title: DD (X) Change () Addition
Name: REEVES-LEWIS, EVELYN
Address: 12119 SW 249 STREET
City-St-Zip: PRINCETON, FL 33032

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELIZABETH MAS

PD

03/23/2009

Electronic Signature of Signing Officer or Director

Date