

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005583

**FILED**  
**Apr 10, 2012**  
**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:**

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:** PD  
**Name:** MAS, ELIZABETH  
**Address:** 12113 SW 251 STREET  
**City-St-Zip:** PRINCETON, FL 33032

**Title:** VPD  
**Name:** DECESPEDES, CARLOS  
**Address:** 12107 SW 249 STREET  
**City-St-Zip:** PRINCETON, FL 33032

**Title:** DD  
**Name:** REEVES-LEWIS, EVELYN  
**Address:** 12119 SW 249 STREET  
**City-St-Zip:** PRINCETON, FL 33032

I hereby 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 all other like empowered.

**SIGNATURE:** ELIZABETH MAS

PD

04/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date