

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90214 033 \*\*\*\*70.00

**DOCUMENT # N97000005583**

1. Entity Name

**BISCAYNE POINT SOUTH HOMEOWNERS' ASSOCIATION, IN C.**



Principal Place of Business

**15600 SW 288TH ST  
STE 406  
HOMESTEAD FL 33033  
US**

Mailing Address

**P. O. BOX 924176  
PRINCETON FL 33092  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0801238**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOODMAN-GUENTHER, JOYCE PA  
10723 SW ST.  
MIAMI FL 33176**

Name

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

City

**FL**

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
NAME **FITELL, JOHN C**  
STREET ADDRESS **12102 SW 249 STREET**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE **D Evelyn Reeves-Lewis** ☐ Change ☐ Addition  
NAME **12119 SW 249 St**  
STREET ADDRESS **MIAMI, FL 33032**  
CITY-ST-ZIP

TITLE **VPD** ☐ Delete  
NAME **LLERENA, ANA**  
STREET ADDRESS **12070 SW 251 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **TD** ☒ Delete  
NAME **AMES, DONALD**  
STREET ADDRESS **12086 SW 248 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **APARICIO, MAX**  
STREET ADDRESS **12169 SW 250 ST.**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **VUNK, IRENE**  
STREET ADDRESS **12149 SW 251 ST.**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **Janine Oliveira**  
STREET ADDRESS **12163 SW 251 Ter.**  
CITY-ST-ZIP **MIAMI FL 33032**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Ana M. Llerena* **REQUIRED** *ANA M. LLERENA 2/6/03 305-238-9326*

CR2E037 (10/02)