

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004068

FILED  
Apr 12, 2006  
Secretary of State

**Entity Name:** THE BISCAYNE FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

2785 N.E. 183RD STREET  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

2785 N.E. 183RD STREET  
AVENTURA, FL 33160

**New Mailing Address:**

**FEI Number:** 65-0602289

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DICOWDEN, MARIE A PH.D.  
2785 N.E. 183RD STREET  
AVENTURA, FL 33160 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: KAPLAN, LISA  
Address: 2785 NE 183 ST  
City-St-Zip: MIAMI, FL 33160

Title: D ( ) Delete  
Name: MILLER, MICHAEL  
Address: 17071 WEST DIXIE HWY  
City-St-Zip: MIAMI, FL 33160

Title: D ( ) Delete  
Name: DICOWDEN, MARIE A PH.D.  
Address: 3610 YACHT CLUB DRIVE #1108  
City-St-Zip: AVENTURA, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: DICOWDEN, MARK G  
Address: 2785 NE 183 ST  
City-St-Zip: MIAMI, FL 33160

Title: D (X) Change ( ) Addition  
Name: MILLER, MICHAEL R ESQ.  
Address: 2785 NE 183 ST  
City-St-Zip: MIAMI, FL 33160

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARIE A. DICOWDEN, PH.D

D

04/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date