


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90046 034 ****70.00

DOCUMENT # 721705 1. Entity Name BISCAYA III CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 20450 W.COUNTRY CLUB DRIVE N.MIAMI BEACH, FL 33180	Mailing Address 20450 W.COUNTRY CLUB DRIVE N.MIAMI BEACH, FL 33180
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DO NOT WRITE IN THIS SPACE

40039731



02272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2731419	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BESSIE J LAMBIDIS 20450 W COUNTRY CLUB DRIVE N MIAMI BEACH, FL 33180

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESSING, EDWARD 20400 W. COUNTRY CLUB DR. #605 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAZANOFF, STANLEY 20400 W. COUNTRY CLUB DR, 709 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEYTON, NANCY J 20400 W. COUNTRY CLUB DR; 406 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RADIN, EVA 20500 W. COUNTRY CLUB DR, 714 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KALUS, ELLIOT 20500 W. COUNTRY CLUB DR, 808 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AMBROSE, JAMES 20400 WEST COUNTRY CLUB SUITE 312 MIAMI, FL 33180

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IN THIS SPACE**

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.

SIGNATURE: James Ambrose James Ambrose - President - 3/1/08 305-932-5471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #