

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 710911

FILED
Apr 30, 2008
Secretary of State

Entity Name: BISCAYNE LAKE GARDENS CONDOMINIUM NO. 1, INC.

Current Principal Place of Business:

2865 NE 201ST TERR
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

2865 NE 201ST TERR
AVENTURA, FL 33180

New Mailing Address:

FEI Number: 59-1235863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

UMANOFF, SONIA
2940 NE 203 ST #213
AVENTURA, FL 33180 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 () Delete
Name: UMANOFF, SONIA
Address: 2940 NE 203 ST #213
City-St-Zip: AVENTURA, FL 33180

Title: VP () Delete
Name: SABATINO, ROBERT
Address: 122 RENO AVE #210
City-St-Zip: STATEN ISLAND, NY 11421

Title: SD () Delete
Name: TAPIA, BERYL
Address: 2950 NE 201 TER #220
City-St-Zip: AVENTURA, FL 33180

Title: T () Delete
Name: TAPIA, BERYL
Address: 2950 NE 201 TER #220
City-St-Zip: AVENTURA, FL 33180

Title: D () Delete
Name: AVENDANO, JAIME
Address: 20201 NE 29TH CT # D326
City-St-Zip: AVENDANO, FL 33180

Title: ALD () Delete
Name: CUTRONE, DONNA
Address: 2950 NE 201 TER #110
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

Title: D (X) Change () Addition
Name: MORREA, ALMANZOR
Address: 2950 NE 201 TER
City-St-Zip: AVENTURA, FL 33180

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: SONIA UMANOFF

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date