FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

CITY-ST-ZIP

(1)

• Corporation	u Martie			` '						
BISCAY	'NE LAKE	GARDENS	CONDOMINI	UM NO. 3, INC	•					
Principal Place of Business Mailing Address								- I I NOVIN KODO I I LODY OTTOO TITOT OTEKO TIBE OLOH OLOH CORON OLOH OLOH LAODE		
2760 NE 203RD ST. 2760 NE 203RD S MIAMI FL 33180 MIAMI FL 33180					ST.			3. Date Incorporated or Qualified		
MINMI 1 E 05100			Milita					10/03/1968		
								4. FEI Number Applied For		
2. Principal Place of Business				2a. Mailing Address				59-1235863 Not Applicable		
21	uite, Apt. #, etc. ty & State Country		26	Malling Address				5. Certificate of Status Desired S8.75 Additional Fee Required		
Suite, Apt.	#, etc.			Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be		
City & Ctoto			27	City & State				Trust Fund Contribution		
City & State				28				7- Is this nonprofit corporation a homeowners association? Yes No		
Zip		Country		Zıp	Cour	try		8. This corporation owes or has paid the current year Intangible		
24		25	29		30			Personal Property Tax due June 30. Yes No		
	9. Name	and Address of	Current Regis	ered Agent				10. Name and Address of New Registered Agent		
	1					Name	9			
KATZ, NATHAN						32 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
2760 N.E. 203RD STREET					ŀī	83		444		
MIAMI FL 33180					L					
•					- 1	84 City		FL 85 Zip Code		
11. Pursuant office or reagent. I a	to the provisi egistered eg m terviller wi	ons of Sections ent or both, in t the and agreem to	617.0502 and 6 he State of Florid he obligations of	17.1508, Florida Statu la. Such change was section 617.0503, F	ites, the ab- authorized lorida Statu	ove-name by the co les.	d corpo rporatio	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered		
SIGNATURE .	Stockure wood	or printed name of rec	istered agent end the	Finolicable (NO	TE: Registered	Agent skonatu	re required	ed when reinstating) DATE		
12.	Sign fure Ayped or printed name of registered ag OFFICERS AN			ID DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			DELETE	1.5 TITO	.E	17)	Addition		
NAME	KATZ, NA	ATHAN			1.2 NA	NE		PINTIAN NATION		
STREET ADDRESS	2760 NE	203RD ST			1.3 STR	EET ADDRESS	;	2760 N.E. 2035 1		
CITY-ST-ZIP	MIAMI, FI	L 00000			1.4 CIT	Y-ST-ZIP		MIAM FLA 1247 55/80		
TITLE	D.			☐ DELETE	2.1 T(T)			MARILYN FLEISHER Addition		
NAME		er, Marilyn			2.2 NA] •	2760 N.E., 2035T.		
STREET ADDRESS						EET ADDRESS	•	MIAMI, FLA. 33180		
CITY-ST-ZIP	MIAMI FL			DELETE	2. 4 CIT	Y-ST-ZIP	,	Man C. K. C. Change Addition		
TITLE	D	CENTONIC		Las occur	3.2 NAI	_	11/1	Many far		
NAME KASSIN, GERTRODE STREET ADDRESS 2760 N.E. 203RD STREET			ет \			3.3 STREET ADDRESS		men de 203 88		
STREET ADDRESS CITY-ST-ZIP	MIAMI F		ε· \		1	Y-ST-ZIP) V	Meaner of 12714 33180		
TITLE	ININCIAL L		1	DELETE	4.1 TIT		 	Change Addition		
NAME					4. 2 NA					
STREET ADDRESS					4.3 STF	EET ADDRESS	;			
CITY-ST-ZIP					4.4 CIT	Y - ST - ZIP				
TITLE		,		DELETE	5.1 TITI	.E		Change Addition		
NAME					5.2 NA	ΛE	-			
STREET ADDRESS					5.3 STF	eet address	i			
CITY-ST-ZIP					5.4 CIT	Y-ST-ZIP	<u> </u>	A		
TITLE				DELETE	6.1 T(T)			Change Addition		
NAME	,				6.2 NA					
OTOCOT ABDDOCOD					■ carte	EET ANNEES	: I			

14. 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 annual report or supplemental annual 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 receive for trustee emprewered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or or at a trustment with an express.

FILED

Jul 22 1998 8:00am

Secretary of State