

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90011 028 ****61.25

DOCUMENT # 715352

1. Corporation Name

BISCAYNE LAKE GARDENS CONDOMINIUM NO. 3, INC.

Principal Place of Business

2760 NE 203RD ST.
MIAMI FL 33180

Mailing Address

2760 NE 203RD ST.
MIAMI FL 33180



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

2865 NE 201 Terr.

Suite, Apt. #, etc.

27

City & State
Aventura, FL

28

Zip

Country

29

33180

30

USA

3. Date Incorporated or Qualified

10/03/1968

4. FEI Number

59-1235863

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

KATZ, NATHAN
2760 N.E. 203RD STREET
MIAMI FL 33180

10. Name and Address of New Registered Agent

81

Name Katz, Marilyn

82

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

1131 W. Campanelli Dr.

83

84

City Plantation

FL

85

Zip Code 33322

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

9/9/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, NATHAN	1.2 NAME	
STREET ADDRESS	2760 N E 203RD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEISHER, MARILYN	2.2 NAME	
STREET ADDRESS	2760 N E 203RD STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33180	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, MARILYN	3.2 NAME	PD
STREET ADDRESS	2760 N E 203RD STREET	3.3 STREET ADDRESS	Katz, Marilyn
CITY-ST-ZIP	MIAMI FL 33180	3.4 CITY-ST-ZIP	1131 W. Campanelli Dr.
TITLE		4.1 TITLE	Plantation, FL 33322
NAME		4.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Janet S. Spiker, President SC

6/30/99

304-931-0642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)