


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

08-03-2006 90002 032 ****70.00

DOCUMENT # 721705 1. Entity Name BISCAYA III CONDOMINIUM ASSOCIATION, INC.					
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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	07252006 Chg-NP CR2E037 (4/06)	
4. FEI Number 59-2731419				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" 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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) Signature, typed or printed name of registered agent and title if applicable. DATE					
Filing Fee is \$61.25 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FONDEVILA, JAIME		NAME	AMBROSE, JAMES	
STREET ADDRESS	20500 W. COUNTRY CLUB, 602		STREET ADDRESS	20400 W. COUNTRY CLUB, # 312	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL 33180	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAZANOFF, STANLEY		NAME	SHKOLNIK, BORIS	
STREET ADDRESS	20400 W. COUNTRY CLUB DR, 709		STREET ADDRESS	20500 W. COUNTRY CLUB, # #318	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	AVENTURA, FL 33180	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEYTON, NANCY J		NAME		
STREET ADDRESS	20400 W. COUNTRY CLUB DR, 406		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RADIN, EVA		NAME		
STREET ADDRESS	20500 W. COUNTRY CLUB DR, 714		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	# T	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALUS, ELLIOT		NAME		
STREET ADDRESS	20500 W. COUNTRY CLUB DR, 808		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHNEIDER, RUBY		NAME		
STREET ADDRESS	20400 W. COUNTRY CLYB R, 316		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
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: <i>Eva Radin</i>			Date: <i>7/27/06</i> (305) 932-5471		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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