

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90250 010 \*\*\*\*70.00

**DOCUMENT # 728461**

1. Entity Name  
**BISCAYNE GARDENS CIVIC ASSOCIATION INC.**



Principal Place of Business  
**15000 N MIAMI AVE  
MIAMI, FL 33168**

Mailing Address  
**15000 N MIAMI AVE  
MIAMI, FL 33168**

**60002841**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01072006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number

**59-1704075**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HACKMAN, KRIMHILD  
397 N.E. 152 STREET  
MIAMI, FL 33162**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CATES, ANNE L	
STREET ADDRESS	15000 NORTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	DOZIER-SMITH, PATRENIA	
STREET ADDRESS	15000 NORTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	HACKMAN, KRIMHILD	
STREET ADDRESS	1500 NORTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERGUSON, GARNETT	
STREET ADDRESS	15000 N MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	VEIRS, VIRGINIA	
STREET ADDRESS	15000 NORTH MIAMI AVENUE	
CITY-ST-ZIP	MIAMI, FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORSTER, HARRY	
STREET ADDRESS	15000 N MIAMI AVE	
CITY-ST-ZIP	MIAMI, FL 33168	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:** KRIMHILD HACKMAN *Krimhild Hackman* 1/10/06 948-0750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #