

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 28, 2008 08:00 AM
Secretary of State

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



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-1704075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 is required when registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

U000000799476
01/30/08-80070-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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