

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 728461

FILED
Apr 29, 2009
Secretary of State

Entity Name: BISCAYNE GARDENS CIVIC ASSOCIATION INC.

Current Principal Place of Business:

15000 N MIAMI AVE
MIAMI, FL 33168

New Principal Place of Business:

Current Mailing Address:

15000 N MIAMI AVE
MIAMI, FL 33168

New Mailing Address:

FEI Number: 59-1704075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HACKMANN, KRIMHILD RA
397 N.E. 152 STREET
MIAMI, FL 33162 US

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.

SIGNATURE: KRIMHILD HACKMANN

04/29/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CATES, ANNE L
Address: 15000 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: DOZIER-SMITH, PATRENIA
Address: 15000 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: HACKMAN, KRIMHILD
Address: 1500 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: FERGUSON, GARNETT
Address: 15000 N MIAMI AVE
City-St-Zip: MIAMI, FL 33168

Title: D () Delete
Name: VEIRS, VIRGINIA
Address: 15000 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CATES, ANNE L
Address: 15000 NORTH MIAMI AVENUE
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P/D (X) Change () Addition
Name: FERGUSON, GARNETT
Address: 15000 N MIAMI AVE
City-St-Zip: MIAMI, FL 33168

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRIMHILD HACKMANN

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date