2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# 742986

Entity Name: CAMP BISCAYNE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3505 MAIN HIGHWAY
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

3120 MUNROE DRIVE
MIAMI, FL 33133

New Mailing Address:

FEI Number: 59-2115778 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HARRISON, JOSEPH
3120 MUNROE DRIVE
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GRAEFF, DANIEL
Address: 3506 MAIN LODGE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: VP,D ( ) Delete
Name: TORRES, DELI
Address: 3090 MUNROE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: S, D ( ) Delete
Name: FREIDIN, ELLEN
Address: 3182 MUNROE DR.
City-St-Zip: COCONUT GROVE, FL 33133 US

Title: P, D ( ) Delete
Name: HARRISON, JOSEPH
Address: 3120 MUNROE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

Title: D ( ) Delete
Name: SWIETELSKY, VIVIANNE
Address: 3080 MUNROE DR
City-St-Zip: COCONUT GROVE, FL 33133

Title: T ( ) Delete
Name: FRIGO, VICTORIA
Address: 3130 MUNROE DRIVE
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: D (X) Change ( ) Addition
Name: VELASQUEZ, CARLOS
Address: 3500 MUNROE DR
City-St-Zip: COCONUT GROVE, FL 33133

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: JOSEPH R. HARRSION P 04/23/2009

Electronic Signature of Signing Officer or Director — Date