

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90091 013 ****61.25

DOCUMENT # 761849 1. Entity Name BISCAYNE VILLAGE HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business LAND CAP PROPERTY SERVICES INC 13800 SW 144 AVE ROAD MIAMI, FL 33186 US		Mailing Address LAND CAP PROPERTY SERVICES INC 13800 SW 144 AVE ROAD MIAMI, FL 33186 US	
2. Principal Place of Business INNOVATIVE PROPERTY MGMT Suite, Apt. #, etc. 27553 S. DIXIE HWY City & State HOMESTEAD, FL Zip 33032 Country USA		3. Mailing Address INNOVATIVE PROPERTY MGMT Suite, Apt. #, etc. 27553 S. DIXIE HWY City & State HOMESTEAD, FL Zip 33032 Country USA	
4. FEI Number 65-0353804		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SUITS, STEPHEN LAND CAP PROPERTY SVES 13800 SW 144 AVE ROAD MIAMI, FL 33186		7. Name and Address of New Registered Agent Name FERNANDEZ, MILAGROS Street Address (P.O. Box Number is Not Acceptable) INNOVATIVE PROPERTY MANAGEMENT 27553 S. DIXIE HWY City HOMESTEAD FL Zip Code 33032	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 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 NAME STREET ADDRESS CITY-ST-ZIP	VPD PERDOMO, MARILYN 13612 SW 287 LANE HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMACHO, YNES B 13541 SW 287TH TERR HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PERDOMO, FRED 13619 SW 186TH TERR HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PERDOMO, ANA 13615 SW 287 TERRACE HOMESTEAD, FL 33033	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	
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: _____ MARILYN PERDOMO 4/29/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

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