

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90043 033 ****61.25

DOCUMENT # 761849

1. Entity Name

BISCAYNE VILLAGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

INNOVATIVE PROPERTY MGMT
27553 S. DIXIE HWY
HOMESTEAD, FL 33032 US

Mailing Address

INNOVATIVE PROPERTY MGMT
27553 S. DIXIE HWY
HOMESTEAD, FL 33032 US

DO NOT WRITE IN THIS SPACE



04302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number

65-0353804

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ, MILAGROS
INNOVATIVE PROPERTY MANAGEMENT
27553 S. DIXIE HWY
HOMESTEAD, FL 33032

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IN THIS SPACE**

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, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VPD
PERDOMO, MARILYN
13612 SW 287 LANE
HOMESTEAD, FL 33033

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
TD
CAMACHO, YNES B
13541 SW 287TH TERR
HOMESTEAD, FL 33033

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
PERDOMO, FRED
13619 SW 186TH TERR
HOMESTEAD, FL 33033

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SD
PERDOMO, ANA
13615 SW 287 TERRACE
HOMESTEAD, FL 33033

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #