

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 761849

FILED
Apr 21, 2009
Secretary of State

Entity Name: BISCAYNE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0353804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, MILAGROS
INNOVATIVE PROPERTY MANAGEMENT
27553 S. DIXIE HWY
HOMESTEAD, FL 33032 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: VPD () Delete
Name: CAMACHO, INEZ B
Address: 13541 SW 287TH TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: TD (X) Delete
Name: CAMACHO, YNES B
Address: 13541 SW 287TH TERR
City-St-Zip: HOMESTEAD, FL 33033

Title: PD () Delete
Name: PERDOMO, FRED
Address: 13619 SW 186TH TERR
City-St-Zip: HOMESTEAD, FL 33033

Title: SD (X) Delete
Name: PERDOMO, ANA
Address: 13615 SW 287 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: DIAZ, JORGE
Address: 13628 SW 285 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: PIERRE, VICTOR
Address: 13623 SW 286 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

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

Title: SD (X) Change () Addition
Name: PIERRE, VICTOR
Address: 13623 SW 286 TERRACE
City-St-Zip: HOMESTEAD, FL 33033

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: FRED PERDOMO

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date