

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 05, 1999 8:00 am
Secretary of State

04-05-1999 90025 042 ***150.00

DOCUMENT # F98000000118

1. Corporation Name

CAPREIT OF BISCAYNE BEACHCLUB, INC.

Principal Place of Business

11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

Mailing Address

11200 ROCKVILLE PIKE
ROCKVILLE MD 20852

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/08/1998

4. FEI Number

APPLIED FOR 52-2074285

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21 11200 Rockville Pike

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Rockville, MD

Zip

24 20852

Country

25 U.S.

2a. Mailing Address

26 11200 Rockville Pike

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Rockville, MD

Zip

29 20852

Country

30 U.S.

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEOP
NAME KADISH, RICHARD L
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD 20852

☐ DELETE

TITLE VCFO
NAME ESPOSITO, BRUCE A
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD 20852

☐ DELETE

TITLE VS
NAME GOLDSHINE, JEFFREY A
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD 20852

☐ DELETE

TITLE VS
NAME HEYMANN, ERNEST L
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD 20852

☐ DELETE

TITLE V
NAME BAND, RICK J
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD 20852

☐ DELETE

TITLE V
NAME BECKER, SANDRA L
STREET ADDRESS 11200 ROCKVILLE PIKE
CITY-ST-ZIP ROCKVILLE MD 20852

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CEOPT
1.2 NAME Kadish, Richard L.
1.3 STREET ADDRESS 11200 Rockville Pike
1.4 CITY-ST-ZIP Rockville, MD 20852

☒ Change

☐ Addition

2.1 TITLE VCFO
2.2 NAME Esposito, Bruce A.
2.3 STREET ADDRESS 11200 Rockville Pike
2.4 CITY-ST-ZIP Rockville, MD 20852

☒ Change

☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE V
4.2 NAME Heymann, Ernest L.
4.3 STREET ADDRESS 11200 Rockville Pike
4.4 CITY-ST-ZIP Rockville, MD 20852

☒ Change

☐ Addition

5.1 TITLE Asst. VP
5.2 NAME Shapiro, Robert A.
5.3 STREET ADDRESS 11200 Rockville Pike
5.4 CITY-ST-ZIP Rockville, MD 20852

☐ Change

☒ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 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

Robert A. Shapiro, Asst. Vice President March 12, 1999 (301) 231-8700

Date

Daytime Phone #

CR2F034 (1/1/98)