

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90191 011 ****61.25

DOCUMENT # N04000003758

1. Entity Name
BISCAYNE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
~~3898 TAMiami TRAIL NORTH~~
~~SUITE 201~~
~~NAPLES, FL 34103~~
750 11th St. S.
#203
NAPLES, FL 34102

Mailing Address

~~3898 TAMiami TRAIL N., SUITE 201~~
~~NAPLES, FL 34103~~
750 11th St. S.
#203
NAPLES, FL 34102



04292008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
20-1651578

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARNETT, LISA H
CHEFFY PASSIDOMO WILSON & JOHNSON
821 FIFTH AVE. SO., SUITE 201
NAPLES, FL 34102

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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, 2008**

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	PD SHEPHERD, NICK 3898 TAMiami TRAIL N., SUITE 201 NAPLES, FL 34103 750 11th St. S. #203 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HOKANSON, STEPHEN 3898 TAMiami TRAIL N., SUITE 201 NAPLES, FL 34103 750 11th St. S. #203 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSS, MARY 3898 TAMiami TRAIL N., SUITE 201 NAPLES, FL 34103 750 11th St. S. #203 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 #