

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003758

FILED  
Feb 21, 2009  
Secretary of State

Entity Name: BISCAYNE PLACE HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

750 11TH STREET S.  
#203  
NAPLES, FL 34102

## New Principal Place of Business:

3135 SANTORINI CT.  
NAPLES, FL 34119

## Current Mailing Address:

750 11TH STREET S.  
#203  
NAPLES, FL 34102

## New Mailing Address:

P.O. BOX 990222  
NAPLES, FL 34116 60

FEI Number: 20-1651578

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

SDA MANAGEMENT SERVICES INC.  
3135 SANTORINI CT.  
NAPLES, FL 34119 US

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: STEVE DEANGELIS

02/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: SHEPHERD, NICK  
Address: 750 11TH STREET S. #203  
City-St-Zip: NAPLES, FL 34102

Title: VTD (X) Delete  
Name: HOKANSON, STEPHEN  
Address: 750 11TH STREET S.  
City-St-Zip: NAPLES, FL 34102

Title: SD (X) Delete  
Name: MOSS, MARY  
Address: 750 11TH STREET S. #203  
City-St-Zip: NAPLES, FL 34102

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DINES, PAUL  
Address: 6372 WOODLAND DRIVE  
City-St-Zip: EAST AMHERST, NY 14051

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

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

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: PAUL DINES

PRES

02/21/2009

Electronic Signature of Signing Officer or Director

Date