

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011388

FILED  
Jan 20, 2009  
Secretary of State

Entity Name: BISCAYNE BLUFF HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

13625 SAND BLUFF LANE  
GRAND ISLAND, FL 32735

## New Principal Place of Business:

13618 SAND BLUFF LANE  
GRAND ISLAND, FL 32735

## Current Mailing Address:

P.O. BOX 350253  
GRAND ISLAND, FL 32735

## New Mailing Address:

13618 SAND BLUFF LANE  
GRAND ISLAND, FL 32735

FEI Number: 20-5031191

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHAFFIN, RAPHAEL E MR.  
13637 SAND BLUFF LANE  
GRAND ISLAND, FL 32735 US

## Name and Address of New Registered Agent:

NECK, RACHELLE S MRS  
13702 SAND BLUFF LANE  
GRAND ISLAND, FL 32735 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: RACHELLE S. NECK

01/20/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WICHMAN, AL  
Address: 13625 SAND BLUFF LANE  
City-St-Zip: GRAND ISLAND, FL 32735

Title: VP (X) Delete  
Name: CHESTER, LARRY  
Address: 13645 SAND BLUFF LANE  
City-St-Zip: GRAND ISLAND, FL 32735

Title: TRES ( ) Delete  
Name: CHAFFIN, RAPHAEL E  
Address: 13637 SAND BLUFF LANE  
City-St-Zip: GRAND ISLAND, FL 32735

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CHESTER, LARRY  
Address: 13645 SAND BLUFF LANE  
City-St-Zip: GRAND ISLAND, FL 32735

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

Title: TRES (X) Change ( ) Addition  
Name: NECK, RACHELLE S  
Address: 13702 SAND BLUFF LANE  
City-St-Zip: GRAND ISLAND, FL 32735

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: RACHELLE S NECK

TRES

01/20/2009

Electronic Signature of Signing Officer or Director

Date