


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # N06000008189		
1. Entity Name OLD BISCAYNE VILLAS CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business 3450 WEST 84TH STREET #201 HIALEAH, FL 33018	Mailing Address 3450 WEST 84TH STREET #201 HIALEAH, FL 33018	



03062008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-8018877	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

GRAVERAN, NELSON  
3450 WEST 84TH STREET #201  
HIALEAH, FL 33018

**DO NOT WRITE  
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]*  
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**

U00000876210  
04/11/08-80063-014 61.25

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRAVERAN, NELSON 3450 WEST 84TH STREET #201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRAVERAN, JEANNIE 3450 WEST 84TH STREET #201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD RODRIGUEZ, LUIS 3450 WEST 84TH STREET #201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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]* Luis Rodriguez

3/14/08

Date

305-557-1253

Daytime Phone #