

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001532

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** BISCAYNE PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2494 TOMOKA FARMS RD.  
PORT ORANGE, FL 321291367

**New Principal Place of Business:**

1220 BISCAYNE BLVD.  
DELAND, FL 32724

**Current Mailing Address:**

P.O. BOX 291367  
PORT ORANGE, FL 321291367

**New Mailing Address:**

**FEI Number:** 32-0234437      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CROASMUN, ROBERT M.  
2494 TOMOKA FARMS RD.  
PORT ORANGE, FL 321291367 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CROASMUN, ROBERT M.  
Address: P.O. BOX 291367  
City-St-Zip: PORT ORANGE, FL 321291367

Title: DST ( ) Delete  
Name: HENRICKSON, RICHARD  
Address: 880 W. WISCONSIN AVE.  
City-St-Zip: ORANGE CITY, FL 32763

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ROBERT M CROASMUN

DP

04/23/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date