


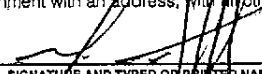


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 08:00 AM
Secretary of State

DOCUMENT # N14289					
1. Entity Name BISCAYNE POINT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 1101 S BISCAYNE POINT ROAD MIAMI BEACH, FL 33141 US		Mailing Address 1101 S BISCAYNE POINT ROAD MIAMI BEACH, FL 33141 US			
2. Principal Place of Business		3. Mailing Address		03222005 Chg-NP CR2E037 (10/03)	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number 65-0017693	
City & State		City & State		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LEVY, LUCERO 1855 CLEVELAND ROAD MIAMI BEACH, FL 33141				Name	
				Street Address (P. O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 				DATE 3/28/2005	
Filing Fee is \$81.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BERMAN, THEODORE	NAME	U00000281771		
STREET ADDRESS	7970 BISCAYNE POINT CIR.	STREET ADDRESS	03/31/05-80015-024 61.25		
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, SILVIO	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	8010 NOREMAC AVE	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	VT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVY, LUCERO	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1855 CLEVELAND ROAD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SORIANO, MAURICE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1295 DAYTONA ROAD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEVEN, MAGILEN	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1835 CLEVELAND RD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAEL, ROTBART	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	1675 CLEVELAND ROAD	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				DATE 3/28/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	