

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14289

FILED
Apr 16, 2009
Secretary of State

Entity Name: BISCAYNE POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1101 S BISCAYNE POINT ROAD
MIAMI BEACH, FL 33141 US

New Principal Place of Business:

Current Mailing Address:

1101 S BISCAYNE POINT ROAD
MIAMI BEACH, FL 33141 US

New Mailing Address:

FEI Number: 65-0017693 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVY, LUCERO R MRS.
1855 CLEVELAND ROAD
MIAMI BEACH, FL 33141 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: P () Delete
Name: MAGILEN, STEVEN MD.
Address: 1835 CLEVELAND ROAD
City-St-Zip: MIAMI BEACH, FL 33141

Title: VP () Delete
Name: LEVY, LUCERO R MRS.
Address: 1855 CLEVELAND ROAD
City-St-Zip: MIAMI BEACH, FL 33141

Title: T () Delete
Name: RODRIGUEZ, SILVIO MR.
Address: 8010 NOREMAC AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: S () Delete
Name: SORIANO, MAURICE MR.
Address: 1295 DAYTONIA ROAD
City-St-Zip: MIAMI BEACH, FL 33141

Title: D () Delete
Name: UMLAS, RACHEL MRS
Address: 1424 SOUTH BISCAYNE POINT ROAD
City-St-Zip: MIAMI BEACH, FL 33141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BERMAN, TED MR
Address: 7970 BISCAYNE POINT CIRCLE
City-St-Zip: MIAMI BEACH, FL 33141

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

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

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: LUCERO LEVY

VP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date