2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# N30234

Entity Name: BISCAYNE ESTATES EAST COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

1403 DUNN AVE.
SUITE 3
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

1403 DUNN AVE.
SUITE 3
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-3099035 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ERA DON JONES & ASSOCIATES, INC.
1403-3 DUNN AVE.
JACKSONVILLE, FL 32218 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: PD ( ) Delete
Name: WATERS, THOMAS B
Address: 1824 DAYTONA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: VPD ( ) Delete
Name: HOUSTON, CURTIS
Address: 11608 LONGWOOD KEY DR. W.
City-St-Zip: JACKSONVILLE, FL 32218

Title: SD ( ) Delete
Name: SIMMONS, GLORIA
Address: 11607 LONGWOOD KEY DR W
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: WALKER, EDDIE
Address: 1853 LONGWOOD KEY DR. N.
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SONJA INGRAM MGR 04/18/2008

Electronic Signature of Signing Officer or Director — Date