FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
1995 MAY -1 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000068

1. Corporate Name

Biscayne Subdivision Homeowners' Association, Inc.

Principal Place of Business / Mailing Address

5801 Pelican Bay Blvd.
Naples, FL 33963

100001491511
-05/17/95--01113--025
****138.75 ****138.75

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 1/8/93
3a. Date of Last Report: 5/1/94
4. FEI Number: 59-3158750 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business | 2a. Mailing Address
21 | 26
Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27
City & State 23 | City & State 28
Zip 24 | Country 25 | Zip 29 | Country 30

9. Name and Address of Current Registered Agent

David Defibaugh
5801 Pelican Bay Blvd.
Naples, FL 33963

10. Name and Address of New Registered Agent

81 Name: Barbara Mravic
82 Street Address (P.O. Box Number is Not Acceptable): 4299 NW 36th Street, 4th Floor
83
84 City: Miami FL 85 Zip Code: 33166

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Barbara Mravic, Secretary/Treasurer 4-27-95

(Typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Director	1.1 TITLE	President/Director XX Change ☐ Addition
NAME	Defibaugh, David	1.2 NAME	Smithies, Michael A.
STREET ADDRESS	5801 Pelican Bay Blvd.	1.3 STREET ADDRESS	4299 NW 36th Street, 4th Floor
CITY-ST-ZIP	Naples, FL 33963	1.4 CITY-ST-ZIP	Miami, Fl. 33166
TITLE	Vice President/Director	2.1 TITLE	VP/Director XX Change ☐ Addition
NAME	Gorman, James	2.2 NAME	Ellisor, Bill
STREET ADDRESS	5027 E. Tamiami Trail	2.3 STREET ADDRESS	214 North Hogan Street, 6th Floor
CITY-ST-ZIP	Naples, FL	2.4 CITY-ST-ZIP	Jacksonville, Rl. 32202
TITLE	Secretary/Treasurer/Director	3.1 TITLE	S/T/Director XX Change ☐ Addition
NAME	Dawson, Susan	3.2 NAME	Mravic, Barbara A.
STREET ADDRESS	5801 Pelican Bay Blvd.	3.3 STREET ADDRESS	4299 N.W. 36th Street, 4th Floor
CITY-ST-ZIP	Naples, FL 33963	3.4 CITY-ST-ZIP	Miami, Fl. 33166
TITLE		4.1 TITLE	☐ Change ☐ Addition 100001491511 -05/17/95--01113--026 *****61.25 *****61.25
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition SRB 5-1-95
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Barbara A. Mravic 4-27-95 (305) 883-4124

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara A. Mravic