

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000000068**
1. Corporation Name

Biscayne Subdivision Homeowners Association

Principal Place of Business Mailing Address
17161 Coral Cay Lane Fort Myers, FL 33908

400001765984
-04/02/96--01023--022
***61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 As Above		26 As Above		1/8/93		1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		59-3158750		Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> Yes <input type="checkbox"/> No	
26		31		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
27		32		<input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
Barbara Mravic 4299 NW 36th St., 4th Floor Miami, FL 33166				81 Name Betty Schmidt 82 Street Address (P.O. Box Number is Not Acceptable) 17140 Coral Cay Lane 83 84 City Fort Myers FL 85 Zip Code 33908			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Betty Schmidt*
Signature, typed or printed name of registered agent and title, if applicable.

DATE: **3/28/96**
(NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P resident/Director <input checked="" type="checkbox"/> DELETE	11 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Smithies, Michael	12 NAME	Betty Schmidt
STREET ADDRESS	4299 NW 36th St., 4th Floor	13 STREET ADDRESS	17140 Coral Cay Lane
CITY-ST-ZIP	Miami, FL 33166	14 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	V/P/Director <input checked="" type="checkbox"/> DELETE	21 TITLE	V/P/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ellison, Bill	22 NAME	Mario Palma
STREET ADDRESS	214 No. Hogan St., 6th Floor	23 STREET ADDRESS	17160 Coral Cay Lane
CITY-ST-ZIP	Jacksonville, RI 32202	24 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	S/T/Director <input checked="" type="checkbox"/> DELETE	31 TITLE	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mravic, Barbara A.	32 NAME	Regina Haas
STREET ADDRESS	4299 NW 36th St., 4th Floor	33 STREET ADDRESS	17161 Coral Cay Lane
CITY-ST-ZIP	Miami, FL 33166	34 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	<input type="checkbox"/> DELETE	41 TITLE	Sec/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Carol Merritt
STREET ADDRESS		43 STREET ADDRESS	17160 Coral Cay Lane
CITY-ST-ZIP		44 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	<input type="checkbox"/> DELETE	51 TITLE	Sec/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Bill Rutledge
STREET ADDRESS		53 STREET ADDRESS	17171 Coral Cay Lane
CITY-ST-ZIP		54 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Betty Schmidt*
Betty Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **3/28/96** (941) 433-3545
Daytime Phone #

CR2E037 (12/95)

Handwritten initials and date
4-1-96