FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

N9300000068 (7)

BISCAYNE SUBDIVISION HOMEOWNERS' ASSOCIATION, IN

Mar 02 1998 8:00am Secretary of State

Principal Place of Business Mailing Address					11 00111 00110 01601 1011 1 01 1
17161 CORAL CAY LANE 17161 CORAL CAY LANE FORT MYERS FL 33908 FORT MYERS FL 33908				Date Incorporated or Qualified 01/08/1993	
				4. FEI Number 59-3158750	Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address			\$8.75 Additional
21 6270	KEY BISCAYNE BLVD.	26 SAME		5. Certificate of Status Desired	Fee Required
Suite, Apt. #, etc. Suite, Apt. #, e		Suite, Apt. #, etc.		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State City & State			· · · · · · · · · · · · · · · · ·	7. Is this nonprofit corporation a homeowners	··
23 FORT MYERS, FLORIDA 28				K Yes □ No	
Zip	Country	Zip	Country	8. This corporation owes or has pald the curr	
24 33	908 25 U.S.	29 SAME 30	SAME		Yes 🔀 No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
AGUNUNT DETTY				MARRIOTT, DAVID	
SCHMIDT, BETTY			82 Street A	Address (P.O. Box Number is Not Acceptable)	
17140 CORAL CAY LANE			63	6270 KEY BISCAYNE BLVD.	
FORT MYERS FL 33908					
			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.					
office or re agent. I a	egistered agent, or both, in the State o m familiar with, and acce s t the obligat	of Florida. Such change was aut ions di Section 617.0503. Florid	norized by the corp la Statutes.	oration's board of directors. I hereby accept the appo	ointment as registered
SIGNATURE JUNIO MANUTE 2/17/98					
SIGNATURE Signature, typed or profiled name of repistered agent and title if applicable (NOTE: Registered Agent signature required when reinstaing) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TATE	PD	DELETE	1.1 TITLE	P D	☐ Change 🔼 Addition
NAME	SCHMIDT, BETTY		1.2 NAME MU	ARRIBTT, DAVID	
STREET ADDRESS	17140 CORAL CAY LANE		1.3 STREET ADDRESS	6270 KEY BISCAYNE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CITY-ST-ZIP	FORT MYERS, FL 33908	
TITLE	VPD	X DELETE	2.1 TITLE	VP D	Change Addition
NAME	Palma, mario		2.2 NAME		
STREET ADDRESS	17160 CORAL CAY LANE		2.3 STREET ADDRESS	RUDLEDGE, JOAN F.	
CITY-ST-ZIP	FORT MYERS FL 33908		2. 4 CITY-ST-ZIP	17171 CORAL CAY LANE FORT NYERS, FL 33908	
TITLE	TD	▲ DELETE	3.1 TITLE	T D	Change Addition
NAME	HAAS, REGINA		3.2 NAME	CASE, DAVID L.	
STREET ADDRESS	17161 CORAL CAY LANE		3.3 STREET ADDRESS	6260 KEY BISCAYNE BLVD.	
CITY-ST-ZIP	FORT MYERS FL 33908		3.4. CITY-ST-ZIP	FORT MYERS: FL 33908	
TITLE	SD	M DELETE	4,1 TITLE	S D	Change Addition
NAME	MERRITT, CAROL		4. 2 NAME	PORTMAN, PAUL O.	
STREET ADDRESS	17160 CORAL CAY LANE		4.3 STREET ADDRESS	17110 CORAL CAY LANE	
City-St-Zip	FORT MYERS FL 33908	,	4.4 CITY - ST - ZIP	FORT MYERS RI. 33008	
TITLE	SD	₩ DELETE	5.1 TITLE	S D	☐ Change Addition
NAME	RUTLEDGE, BILL		5.2 NAME	O'BRIEN, MARIA O.	
STREET ADDRESS	17171 CORAL CAY LANE		5.3 STREET ADDRESS	17020 CORAL CAY LANE	
CITY-ST-ZIP	FORT MYERS FL 33908		5.4 CITY-ST-ZIP	PODM MVPDC PI 22000	
TITLE	SD	₩ DELETE	6.1 TITLE	10112 1111110) 11 00000	Change Addition
NAME	RUTLEDGE, JOAN F		6.2 NAME		
STREET ADDRESS	17171 CORAL CAY LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		6.4 CITY - ST - ZIP		

14. 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 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, of on an attachment with an address.

SIGNATURE:

Jano Marust

2-17-98

433-5414 (941)