FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9300000068

1. Corporation Name

BISCAYNE SUBDIVISION HOMEOWNERS' ASSOCIATION, IN

Principal Place of Business -6270 KEY BISCAYNE BLVD - < FORT MYERS FL 33908

2. Principal Place of Business

Mailing Address

17161 CORAL CAY LANE FORT MYERS FL 33908

2a. Mailing Address

17091 CORAL CAY LANG



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3. Date Incorporated or Qualifed

~01/08/1993^{*}

Cuita A-4	# oto	Suite, Apt. #, etc.			4. FEI Number	Apr	olied For	
Suite, Apt.	etc. Surie, Apt. #, etc.		59-3158750 Not A					
22		 						
City & State	8	City & State		5. Certificate of Status Desired				
23		28			A FL III A THE STATE OF THE STA		<u> </u>	
Zip	Country	Zip	Country	ľ	6. Election Campaign Financing	\$5.00 (Added to		
24	25	29 30	<u>└</u> ──		Trust Fund Contribution		3 1 662	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name and Address of New Registered Agent								
			"	Name LA	LAURA J. KEYES			
MARRIOTT, DAIVD			82	Street Add	t Address (P.O. Box Number is Not Acceptable)			
6270 KEY	6270 KEY BISCAYNE BLVD				17091 CORAL CAY LANE			
FORT MYERS FL 33908			83	83				
			84	City		85 Zip C	Code	
			04	1	ORT MYERS. FL		908	
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 617.0502, Florida Statutes.								
office or n	egistered agent, or both, in the State of	Florida, Such change was authorida, Section 617 0503, Florida	rized by	the corporation	ion's board of directors. I hereby accept the appoint	ment as reg	gistered	
agent. I a	m ramiliar with, and accept the obligation			_				
SIGNATURE	Signature, typed or printed name of registered agent a	COLOR / NOTE Rea		te でんし.	ed when reinstating) DATE			
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	RS IN 12	
TITLE	PD	DELETE	1.1 TITLE	P	P D	Change	* Addition	
	MARIOTT, DAVID	X I	1.2 NAME	L	AURA J. KEYES		•	
NAME (7091 CORAL CAY LANE			
STREET ADDRESS	6270 KEY BISCAYNE BLVD	1				-		
CITY-ST-ZIP	FORT MYERS FL 33908		1.4 CITY-S			Change	Addition	
TTLE	VPD_	DELETE	2.1 TITLE	1 -	/ P D	Change	(M Addition	
NAME	RUTTLEDGE, JOAN F	<i>i</i>	2.2 NAME	1 -	PAUL HAAS			
STREET ADDRESS	17171 CORAL CAY LN	\	2.3 STREE	TADDRESS 1	7161 CORAL CAY LANE			
CITY-ST-ZIP	FORT MYERS FL 33908	ادار وابد خب که است د مینود میده د ا	2. 4 CITY-	ST-ZIP F	FORT MYERS; FET 33980			
TITLE	סד	l 📐 DEFELE	3.1 TITLE	T	r D	Change	Addition	
NAME	CASE, DAVID L	X	3.2 NAME	R	REGINA HAAS		*	
STREET ADDRESS	6260 KEY BISCAYNE BLVD	\	3.3 STREE	T ADDRESS 1	7161 CORAL CAY LANE			
CITY-ST-ZIP	FORT MYERS FL 33908)	3.4. CITY-	st-zip F	FORT MYERS, FL 33908			
TITLE	SD	(D DELETE	4.1 TITLE		5 D	Change	Addition	
NAME	PORTMAN, PAUL O	χ	4, 2 NAME	-	BETTY SCHMIDT		^	
	17110 CORAL CAY LN	' \		-				
STREET ADDRESS	l .	\		-	7140 CORAL CAY LANE FORT MYERS, FL 33908			
CITY-ST-ZIP	FORT MYERS FL 33908	(DELETE	4.4 CITY-5 5.1 TITLE	7) - EII	5 D	Change	- Addition	
TITLE	SD CIPDIEN MADIA O	A perceie	5.1 IIILE	1 7				
NAME	O'BRIEN, MARIA O	\			VILMA CRORKEN Y TOWN			
STREET ADDRESS	17020 CORAL CAY LN	\	1	l l	7051 CORAL CAY LANE			
CITY-ST-ZIP	FORT MYERS FL 33908		5.4 CITY-S	ST-ZIP F	FORT MYERS, FL 33908		□ AJJ9'	
TITLE	SD	(D) DELETE	6.1 TITLE			☐ Change	☐ Addition	
NAME	RUTLEDGE, JOAN F		6.2 NAME					
STREET ADDRESS	17171 00011 01V LANE	,	6.3 STREE	TADDRESS				
CITY-ST-ZIP	FT MYERS FL		6.4 CITY-S	ST-ZIP				
14. I hereby	certify that the information supplied with	this filing does not qualify for the	exemp	tion stated in	Section 119.07(3)(i), Florida Statutes. I further cert	fy that the i	nformation	

indicated on this annual report or supplies with all similar does not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes. I intrinsi certify that the information indicated on this annual report of supplies that I am an officer or director of the corporation of 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, with all other like empowered.

SIGNATURE: