

2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 11, 2004 8:00 am**  
**Secretary of State**

03-11-2004 90018 006 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                         |                                                                             |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # N93000000068</b><br>1. Entity Name<br><b>BISCAYNE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                         |                                                                             |  |  |
| Principal Place of Business<br><b>17191 KEY VIZCAYA CT.<br/>FORT MYERS, FL 33908 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                    |                                                                                         | Mailing Address<br><b>17191 KEY VIZCAYA CT.<br/>FORT MYERS, FL 33908 US</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                    | 3. Mailing Address                                                                      |                                                                             |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                    | Suite, Apt. #, etc.                                                                     |                                                                             |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                    | City & State                                                                            |                                                                             |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                                                                            | Zip                                                                                     | Country                                                                     | 4. FEI Number<br><b>59-3158750</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                    |                                                                                         |                                                                             | <b>\$8.75 Additional Fee Required</b>                                             |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                         | 7. Name and Address of New Registered Agent                                 |                                                                                   |  |
| <b>SWITTS, HAROLD E</b><br><b>17190 KEY VIZCAYA CT.</b><br><b>FORT MYERS, FL 33908</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                    |                                                                                         | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City          |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    |                                                                                         | FL Zip Code                                                                 |                                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                         |                                                                             |                                                                                   |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                         |                                                                             |                                                                                   |  |
| Filing Fee is \$61.25<br>Due by May 1, 2004                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                    | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>     |                                                                             | <b>\$5.00 May Be Added to Fees</b>                                                |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                    | Make check payable to<br><b>Florida Department of State</b>                             |                                                                             |                                                                                   |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                    |                                                                                         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | PD<br><b>SWITTS, HAROLD</b><br><b>17190 KEY VIZCAYA CT.</b><br><b>FT MEYERS, FL 33908</b>          | <input type="checkbox"/> Delete                                                         |                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VPD<br><b>PARKER, JAMES M</b><br><b>17060 CORAL CAY LANE</b><br><b>FORT MYERS, FL 33908</b>        | <input checked="" type="checkbox"/> Delete                                              |                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TD<br><b>BELL, VIRGINIA A</b><br><b>17191 KEY VIZCAYA CT.</b><br><b>FT MEYERS, FL 33908</b>        | <input type="checkbox"/> Delete                                                         |                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br><b>PARKER, JAMES</b><br><b>17050 CORAL CAY LANE</b><br><b>FT MEYERS, FL 33908</b>            | <input checked="" type="checkbox"/> Delete                                              |                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br><b>SWITTS, HAROLD</b><br><b>17180 KEY VIZCAYA CT.</b><br><b>FORT MYERS, FL 33908</b>         | <input checked="" type="checkbox"/> Delete                                              |                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br><b>KINSELLA, GARY R</b><br><b>17170 CORAL CAY LANE</b><br><b>FORT MYERS, FL 33908</b>        | <input checked="" type="checkbox"/> Delete                                              |                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br><b>JOANNE T. KOWALSKI</b><br><b>17050 CORAL CAY LANE</b><br><b>FORT MYERS, FL 33908</b>      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |                                                                             |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | SD<br><b>COLLEEN C. NORTH</b><br><b>6311 KEY BISCAYNE BOULEVARD</b><br><b>FORT MYERS, FL 33908</b> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition            |                                                                             |                                                                                   |  |
| 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                                                                    |                                                                                         |                                                                             |                                                                                   |  |
| SIGNATURE: <u>Harold E. Switts</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small><br><b>HAROLD E. SWITTS, PRESIDENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                    |                                                                                         |                                                                             |                                                                                   |  |
| Date: <u>3/2/2004</u> 239- <u>454-8330</u><br><small>Date Daytime Phone #</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                    |                                                                                         |                                                                             |                                                                                   |  |

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94028095

01062004 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
SWITTS, HAROLD  
17190 KEY VIZCAYA CT.  
FT MEYERS, FL 33908

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
17180 Key Vizcaya Ct.  
Ft. Myers, FL 33908

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
PARKER, JAMES M  
17060 CORAL CAY LANE  
FORT MYERS, FL 33908

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VPD  
GARY R. KINSELLA  
17170 CORAL CAY LANE  
FORT MYERS, FL 33908

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
BELL, VIRGINIA A  
17191 KEY VIZCAYA CT.  
FT MEYERS, FL 33908

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
PARKER, JAMES  
17050 CORAL CAY LANE  
FT MEYERS, FL 33908

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
JOANNE T. KOWALSKI  
17050 CORAL CAY LANE  
FORT MYERS, FL 33908

☒ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SWITTS, HAROLD  
17180 KEY VIZCAYA CT.  
FORT MYERS, FL 33908

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
KINSELLA, GARY R  
17170 CORAL CAY LANE  
FORT MYERS, FL 33908

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
COLLEEN C. NORTH  
6311 KEY BISCAYNE BOULEVARD  
FORT MYERS, FL 33908

☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Harold E. Switts  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
HAROLD E. SWITTS, PRESIDENT

Date: 3/2/2004 239-454-8330  
Daytime Phone #