


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90367 028 ****61.25

DOCUMENT # N93000000068

1. Entity Name
BISCAYNE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 6291 KEY BISCAYNE BLVD
 FORT MYERS, FL 33908 US

Mailing Address
 6291 KEY BISCAYNE BLVD
 FORT MYERS, FL 33908 US

40074030



2. Principal Place of Business
 6700 Winkler Rd
 Suite, Apt. #, etc. #2
 City & State Ft. Myers FL
 Zip 33919 Country us

3. Mailing Address
 same
 Suite, Apt. #, etc.
 City & State
 Zip Country

03072006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
 LAWYER, LISA A
 6361 EMERALD BAY COURT
 FORT MYERS, FL 33908

7. Name and Address of New Registered Agent
 Name Alliant Property Mgmt.
 Street Address (P.O. Box Number is Not Acceptable) 6700 Winkler Rd #2
 City Ft. Myers FL Zip Code 33919

4. FEI Number 59-3158750 Applied For Not Applicable

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

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 Jack Strohm JACK STROHM 4.10.06
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, 2006

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 LAWYER, LISA A 6361 EMERALD BAY COURT FT MEYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PETTIGREW, CHARLES R 6341 KEY BISCAYNE BLVD FORT MYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HORNBY, GAIL 6291 KEY BISCAYNE BLVD FT MEYERS, FL 33908 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KOWALSKI, JOANNE T 17050 CORAL CAY LANE FT MEYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MITCHELL, MARIE 6351 EMERALD BAY COURT FORT MYERS, FL 33908 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Steven White 17180 Coral Cay Ln. Ft. Myers, FL 33908 <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 exemptions contained in Chapter 119, 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: Gail Hornby GAIL HORNBY 4/15/06 239.898.0603
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #