

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

09 JAN 16 PM 4: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000000068 1. Entity Name BISCAYNE SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.		
Principal Place of Business 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US		Mailing Address 6719 WINKLER RD SUITE 200 FORT MYERS, FL 33919 US
2. Principal Place of Business - No P.O. Box # 6929 Highland Pk Cir	3. Mailing Address PO Box 60847	
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Ft Myers FL		City & State Ft Myers FL
Zip 33906	Country USA	Zip 33906
Country USA		Country USA
4. FEI Number 59-3158750		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ALLIANT PROP. MGMT 6719 WINKLER ROAD SUITE 200 FORT MYERS, FL 33919		7. Name and Address of New Registered Agent Name Shawe Spring Street Address (P.O. Box Number is Not Acceptable) 6929 Highland Pk Cir City Ft Myers FL Zip Code 33906
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 <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE 1/13/09 <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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	SD <input type="checkbox"/> Delete LAWYER, LISA A 6361 EMERALD BAY COURT FT MEYERS, FL 33908	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP 300140991063 01/16/09--01037--017 ***122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete PETTIGREW, CHARLES R 6341 KEY BISCAYNE BLVD FORT MYERS, FL 33908	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete HORNBY, GAIL 6291 KEY BISCAYNE BLVD FT MEYERS, FL 33908	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete WHITE, STEVEN 17180 CORAL CAY LN FORT MYERS, FL 33908	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP



01052009 REIN-NP CR2E099 (1/07)

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **1/13/09** Daytime Phone **239-229-3240**

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