FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # **N93000001972 (9)**

1. Corporation Name

BISCAYNE WEST NEIGHBORHOOD ASSOC., INC.

Principal Place of Business	Mailing Address
543 NE 76TH ST MIAMI FL 33138	543 NE 76TH ST MIAMI FL 33138

3. Date Incorporated or Qualified: **04/30/1993**

3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0437587** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt. #, etc (22):

Suite, Apt. #, etc (27):

City & State (23):

City & State (28):

Zip (24): County (25):

Zip (29): County (30):

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PREVOST, STANLEY
543 NE 76TH ST
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, type or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	P/D	☐ Change ☒ Addition
NAME	PREVOST, STANLEY	12 NAME	Prevost, Stanley	(in Title only)
STREET ADDRESS	543 N.E. 7TH STREET	13 STREET ADDRESS	543 N. E. 76th Street	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	Miami, FL 33138	
TITLE	VP	21 TITLE	VP/D	☒ Change ☐ Addition
NAME	SARGENT, WILL	22 NAME	Carol Thomas	
STREET ADDRESS	1560 N.E 170TH STREET	23 STREET ADDRESS	7500 N. E. 5th Avenue	
CITY ST ZIP	MIAMI FL	24 CITY ST ZIP	Miami, FL 33138	
TITLE	T	31 TITLE	T/D	☒ Change ☐ Addition
NAME	BOTTARI, EILEEN	32 NAME	Rose LeGette	
STREET ADDRESS	505 N.E. 170TH STREET	33 STREET ADDRESS	520 N. E. 75th Street	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	Miami, FL 33138	
TITLE	S	41 TITLE	S/D	☐ Change ☒ Addition
NAME	WEAVER-BEY, SANDRA	42 NAME	Weaver-Bey, Sandra	(in Title only)
STREET ADDRESS	534 N.E. 76TH STREET	43 STREET ADDRESS	534 N. E. 76th Street	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	Miami, FL 33138	
TITLE	D	51 TITLE	D	☒ Change ☐ Addition
NAME	ARNOLD, PAUL	52 NAME	William Logan	
STREET ADDRESS	521 N.E. 76TH STREET	53 STREET ADDRESS	437 N. E. 75th Street	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	Miami, FL 33138	
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	WALKER, JAMES	62 NAME	Same (Walker, James)	
STREET ADDRESS	444 1/2 NE 71ST STREET	63 STREET ADDRESS		
CITY ST ZIP	MIAMI FL	64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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, or on an attachment with an address.

SIGNATURE: Sandra J Weaver-Bey Secretary/Director (305) 758-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/26/95

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