

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N93000001972 (9)**

1. Corporation Name

**BISCAYNE WEST NEIGHBORHOOD ASSOC., INC.**



Principal Place of Business

**543 NE 76TH ST  
MIAMI FL 33138**

Mailing Address

**543 NE 76TH ST  
MIAMI FL 33138**

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

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc. **26** P. O. Box 530222

**22** City & State

**27** Suite, Apt. #, etc.

**23** City & State

**28** Miami, FL

**24** Zip

**25** Country

**29** Zip

**30** U. S. A.

4. FEI Number  
**65-0437587**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PREVOST, STANLEY  
543 NE 76TH ST  
MIAMI FL 33138**

**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 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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 **PD** ☐ DELETE  
NAME **PREVOST, STANLEY**  
STREET ADDRESS **543 N.E. 7TH STREET**  
CITY - ST - ZIP **MIAMI FL**

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **Logan, Mildred**  
1.3 STREET ADDRESS **437 N. E. 75th Street**  
1.4 CITY - ST - ZIP **Miami, FL 33138**

TITLE **VD** ☐ DELETE  
NAME **THOMAS, CAROL**  
STREET ADDRESS **7500 NE 5TH AVENUE**  
CITY - ST - ZIP **MIAMI FL**

2.1 TITLE **P/D** ☐ Change ☐ Addition  
2.2 NAME **Prevost, Stanley** (address correction)  
2.3 STREET ADDRESS **543 N. E. 76th Street**  
2.4 CITY - ST - ZIP **Miami, FL 33138**

TITLE **TD** ☐ DELETE  
NAME **LEGETTE, ROSE**  
STREET ADDRESS **520 NE 75TH STREET**  
CITY - ST - ZIP **MIAMI FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE **SD** ☐ DELETE  
NAME **WEAVER-BEY, SANDRA**  
STREET ADDRESS **534 N.E. 76TH STREET**  
CITY - ST - ZIP **MIAMI FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE  
NAME **LOGAN, WILLIAM**  
STREET ADDRESS **437 NE 75TH STREET**  
CITY - ST - ZIP **MIAMI FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE  
NAME **WALKER, JAMES**  
STREET ADDRESS **444 1/2 NE 71ST STREET**  
CITY - ST - ZIP **MIAMI FL**

6.1 TITLE **D** ☒ Change ☐ Addition  
6.2 NAME **Barker, Elsie**  
6.3 STREET ADDRESS **445 N. E. 71st Street**  
6.4 CITY - ST - ZIP **Miami, FL 33138**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sandra J. Weaver-Bey, Secretary/Director**

Date

**5/31/96**

(305) 758-9300

Daytime Phone

0007216

CR2E037 (3/96)