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May 13 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

Mailing Address

543 NE 76TH ST
MIAMI FL 33138

PO BOX 530222
MIAMI FL 33153-0222
US



3. Date Incorporated or Qualified
04/30/1993

3a. Date of Last Report
07/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME PREVOST, STANLEY
1.3 STREET ADDRESS 543 n.e. 76th STREET
1.4 CITY - ST - ZIP MIAMI, FL

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

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 BARKER, ELSIE
STREET ADDRESS 445 N E 71ST ST
CITY - ST - ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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 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:

STANLEY PREVOST 04-28-97 758-2106 (306)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 00000000

CR2E037 (9/96)