

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003023

FILED
Apr 21, 2009
Secretary of State

Entity Name: BISCAYNE DOWNS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

11498 SIR BARTON COURT
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 77208
JACKSONVILLE, FL 32226

New Mailing Address:

FEI Number: 59-3206175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WILLIAMS, CALVIN
11498 SIR BARTON COURT
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: WILLIAMS, CALVIN
Address: 11498 SIR BARTON COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: D () Delete
Name: WILLIAMS, DANIELLE
Address: 1706 DAYTONA LANE
City-St-Zip: JACKSONVILLE, FL 32218

Title: DP () Delete
Name: TROTTIE, CAROLYN
Address: 1734 GALLAHADION COURT
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: JOHNSON, VIRGINIA
Address: 11457 SECRETARIAT LANE W
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: JASMIN, TONYA
Address: 11480 SECRETARIAT LN W.
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TONYA JASMIN

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date