

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90220 025 ****61.25

DOCUMENT # N96000000248

1. Entity Name
**THE BISCAIYNE HEIGHTS HOMEOWNERS'
ASSOCIATION, INC.**



Principal Place of Business
~~13118 GLENVIEW LN~~ **13331 BISCAYNE DRIVE**
GRAND ISLAND, FL 32735 US P.O. BOX 350326
GRAND ISLAND, FL 32735

40087126



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04242007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3549029

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SYKES-AMOS, PATRICIA A
GREENLEE, KURRAS, RICE & BROWN, P.A.
627 N. DONNELLY
MOUNT DORA, FL 32757**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **ROBERTSON, HOWARD**
STREET ADDRESS **13412 BISCAIYNE DR**
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE **V** ☒ Delete
NAME **SMITH, JEFFREY S**
STREET ADDRESS **13331 BISCAIYNE DRIVE**
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE **ST** ☒ Delete
NAME **PIZZIN, ROBERT**
STREET ADDRESS **13552 OAK BEND DRIVE**
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Change ☒ Addition
NAME **Jeffrey Smith**
STREET ADDRESS **13331 Biscayne Drive**
CITY-ST-ZIP **Grand Island, FL 32735**

TITLE **V** ☐ Change ☒ Addition
NAME **Ronald E. Hauserman**
STREET ADDRESS **36812 Wood Breeze Ct**
CITY-ST-ZIP **Grand Island, FL 32735**

TITLE **T** ☐ Change ☒ Addition
NAME **Brenda Cassada**
STREET ADDRESS **13450 Biscayne Drive**
CITY-ST-ZIP **Grand Island, FL 32735**

TITLE **S** ☐ Change ☒ Addition
NAME **Lois Walker**
STREET ADDRESS **13505 Biscayne Drive**
CITY-ST-ZIP **Grand Island, FL 32735**

TITLE **D** ☐ Change ☒ Addition
NAME **Lisa Chappell**
STREET ADDRESS **36826 Whispering Wind St**
CITY-ST-ZIP **Grand Island, FL 32735**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Daytime Phone #