

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90041 029 \*\*\*\*61.25

**DOCUMENT # N96000000248**

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



Principal Place of Business  
**13119 GLENVIEW LN  
GRAND ISLAND, FL 32735 US**

Mailing Address  
**P.O. BOX 350326  
GRAND ISLAND, FL 32735**

300000011



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-3549029**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete  
NAME **SMITH, JEFFREY**  
STREET ADDRESS **13331 BISCAVNE DR**  
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE **D** ☐ Change ☒ Addition  
NAME **Joan Maund**  
STREET ADDRESS **13118 Biscayne Drive**  
CITY-ST-ZIP **Grand Island FL 32735**

TITLE **V** ☒ Delete  
NAME **HAUSERMAN, RONALD E**  
STREET ADDRESS **36812 WOOD BREEZE CT.**  
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE **VP** ☐ Change ☒ Addition  
NAME **Wayne Cassada**  
STREET ADDRESS **13490 Biscayne Drive**  
CITY-ST-ZIP **Grand Island FL 32735**

TITLE **T** ☒ Delete  
NAME **CASSADA, BRENDA**  
STREET ADDRESS **13450 BISCAVNE DR**  
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

TITLE **T** ☐ Change ☒ Addition  
NAME **Robert Parker**  
STREET ADDRESS **36818 Nightwind Court**  
CITY-ST-ZIP **Grand Island FL 32735**

TITLE **S** ☐ Delete  
NAME **WALKER, LOIS**  
STREET ADDRESS **13505 BISCAVNE DR**  
CITY-ST-ZIP **GRAND ISLAND, FL 32735**

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

TITLE **D** ☐ Delete  
NAME **CHAPPELL, LISA**  
STREET ADDRESS **36826 WHISPERING WIND ST**  
CITY-ST-ZIP **DELAND, FL 327235**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

*3/12/08*

Date

Daytime Phone #