

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000000248

FILED
Apr 10, 2009
Secretary of State

Entity Name: THE BISCAYNE HEIGHTS HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

13119 GLENVIEW LN
GRAND ISLAND, FL 32735 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 350326
GRAND ISLAND, FL 32735

New Mailing Address:

FEI Number: 59-3549029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKES-AMOS, PATRICIA A
GREENLEE, KURRAS, RICE & BROWN, P.A.
627 N. DONNELLY
MOUNT DORA, FL 32757 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: D () Delete
Name: MAUND, JOAN
Address: 13118 BISCAYNE DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

Title: VP () Delete
Name: CASSADA, WAYNE
Address: 13450 BISCAYNE DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

Title: T () Delete
Name: PARKER, ROBERT
Address: 36818 NIGHTWIND COURT
City-St-Zip: GRAND ISLAND, FL 32735

Title: S () Delete
Name: WALKER, LOIS
Address: 13505 BISCAYNE DR
City-St-Zip: GRAND ISLAND, FL 32735

Title: D () Delete
Name: CHAPPELL, LISA
Address: 36826 WHISPERING WIND ST
City-St-Zip: DELAND, FL 327235

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MAUND, JOAN
Address: 13118 BISCAYNE DRIVE
City-St-Zip: GRAND ISLAND, FL 32735

Title: P (X) Change () Addition
Name: BROWN, RICHARD
Address: 13450 OAK BEND DR.
City-St-Zip: GRAND ISLAND, FL 32735

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

Title: S (X) Change () Addition
Name: AMSTUTZ, BARBARA
Address: 36804 TROPICAL WIND LN
City-St-Zip: GRAND ISLAND, FL 32735

Title: D (X) Change () Addition
Name: COURTNEY, CHRIS
Address: 36748 TROPICAL WIND LN
City-St-Zip: GRAND ISLAND, FL 32735

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: ROBERT PARKER

T

04/10/2009

Electronic Signature of Signing Officer or Director

Date