


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90032 043 ****61.25

DOCUMENT # N98000005099 1. Entity Name BISCAYNE BEST TWIN HOMES CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 8501 S.W. 184TH ST. MIAMI, FL 33157		Mailing Address 8501 S.W. 184TH ST. MIAMI, FL 33157	
2. Principal Place of Business 15891 S.W. 288 St. Suite, Apt. #, etc.		3. Mailing Address 15891 S.W. 288 St. Suite, Apt. #, etc.	
City & State Homestead, FL Zip 33033		City & State Homestead, FL Zip 33033	
4. FEI Number 65-0910158		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CABALLERO, MARCIA B ESQ. 9192 CORAL WAY SUITE 201 MIAMI, FL 33165		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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CASTRO, ALBIO <input checked="" type="checkbox"/> Delete 8501 S.W. 184TH ST. MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CASTRO, SARA <input checked="" type="checkbox"/> Delete 8501 S.W. 184TH ST. MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CASTRO, FRANK <input checked="" type="checkbox"/> Delete 8501 S.W. 184TH ST. MIAMI, FL 33157		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Tovar, Alberto <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 15891 S.W. 288 Street Homestead, FL 33033		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I 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 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: <u>Alberto Tovar</u> President <u>2/15/05</u> (305) 248-3653 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			