

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005099

FILED
May 08, 2009
Secretary of State

Entity Name: BISCAYNE BEST TWIN HOMES CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

15891 SW 288 ST
HOMESTEAD, FL 33033

New Principal Place of Business:

15871 SW 288 ST
HOMESTEAD, FL 33033

Current Mailing Address:

5404 PRIDE LANE
HOAK MILLS, NC 28348

New Mailing Address:

15871 SW 288 ST
HOMESTEAD, FL 33033

FEI Number: 65-0910158 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

PLA, MAYDA J
1800 NW 24TH AVE
516
MIAMI, FL 33125 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: PD () Delete
Name: SERRA, EILO
Address: 15891 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: SD () Delete
Name: SANTIESTEBAN, AMARILIS
Address: 15891 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: VD () Delete
Name: IZQUIERDO, LAZARO
Address: 15891 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SERRA, EILO
Address: 15871 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: SD (X) Change () Addition
Name: SANTIESTEBAN, AMARILIS
Address: 15871 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

Title: VD (X) Change () Addition
Name: IZQUIERDO, LAZARO
Address: 15881 SW 288 ST
City-St-Zip: HOMESTEAD, FL 33033

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: MAYDA J PLA

RA

05/08/2009

Electronic Signature of Signing Officer or Director

Date