

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 726440

**Entity Name:** BISCAYNE APARTMENTS OF NAPLES, INC.

**Current Principal Place of Business:**

4900 BISCAYNE DRIVE  
C/O MANAGERS BOX  
NAPLES, FL 34112

**FILED**  
**Apr 06, 2013**  
**Secretary of State**  
**CC6777183261**

**Current Mailing Address:**

4900 BISCAYNE DRIVE  
C/O MANAGERS BOX  
NAPLES, FL 34112

**FEI Number:** 59-1578587

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MCGONAGLE, WILLIAM  
4900 BISCAYNE DRIVE  
#7  
NAPLES, FL 34112 US

*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

**Officer/Director Detail :**

Title            ST  
Name            MCGONAGLE, WILLIAM  
Address        4900 BISCAYNE DR. #7  
City-State-Zip: NAPLES FL

Title            VP  
Name            HETZNER, MARK  
Address        6107 THRESHER DRIVE  
City-State-Zip: NAPLES FL 34112

Title            PRES  
Name            LEE, JILL  
Address        4900 BISCAYNE DR #8  
City-State-Zip: NAPLES FL 34112

Title            DIRECTOR  
Name            KANEWSKE, WILLIAM  
Address        4900 BISCAYNE DRIVE  
                  APT # 11  
City-State-Zip: NAPLES FL 34112

*I hereby 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 all other like empowered.*

**SIGNATURE:** WILLIAM J MCGONAGLE

**SECRETARY /  
TREASURER**

**04/06/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date