

**2022 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

**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           TREASURER, SECRETARY  
Name           MCGONAGLE, WILLIAM  
Address        4900 BISCAYNE DR. #7  
City-State-Zip: NAPLES FL

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

Title           PRESIDENT  
Name           EVANS, JANICE  
Address        133 BLUE RIDGE DRIVE  
City-State-Zip: NAPLES FL 34112

Title           VP  
Name           GONZALES, JUAN  
Address        5291 20TH PLACE SW  
City-State-Zip: NAPLES FL 34116

*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 MCGONAGLE

**TREASURER/SECRETARY** 03/27/2022

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

\_\_\_\_\_  
Date