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 le 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 Statute: above, or on an attachment with all other like empowered.		
SIGNATURE CHRISTOPHER FUNK	CEO	03/21/2023

SIGNATURE: CHRISTOPHER FUNK

Electronic Signature of Signing Officer/Director Detail

Electronic Signature of Registered Agent Ti Ν

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.

Title	D	Title	D		
Name	FUNK, CHRISTOPHER	Name	FUNK, CARTER		
Address	5711 RICHARD STREET, SUITE 1	Address	5711 RICHARD ST		
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE F		
Title	D				
Name	HOUSE, BECKY				

# Officer/Director Detail ·

SIGNATURE:

Officer/Director Detail :						
Title	D	Title	D			
Name	FUNK, CHRISTOPHER	Name	FUNK, CARTER			
Address	5711 RICHARD STREET, SUITE 1	Address	5711 RICHARD STREET, SUITE 1			
City-State-Zip:	JACKSONVILLE FL 32216	City-State-Zip:	JACKSONVILLE FL 32216			
Title	D					
Name	HOUSE, BECKY					
Address	5711 RICHARD STREET, SUITE 1					
City-State-Zip:	JACKSONVILLE FL 32216					

### Name and Address of Current Registered Agent:

FUNK, CHRISTOPHER K 5711 RICHARD STREET, SUITE 1 JACKSONVILLE, FL 32216 US

5711 RICHARD STREET, SUITE 1

# **Current Principal Place of Business:**

JACKSONVILLE, FL 32216

### **Current Mailing Address:**

5711 RICHARD STREET, SUITE 1 JACKSONVILLE, FL 32216 US

# **FEI Number: APPLIED FOR**

#### DOCUMENT# N22000004629 Entity Name: BISCAYNE VILLAS OWNERS ASSOCIATION, INC.

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# FILED Mar 21, 2023 Secretary of State 1665124691CC

Date

Certificate of Status Desired: No

Date

CEO