

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000004629

**Entity Name:** BISCAYNE VILLAS OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

5711 RICHARD STREET, SUITE 1  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

5711 RICHARD STREET, SUITE 1  
JACKSONVILLE, FL 32216 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FUNK, CHRISTOPHER K  
5711 RICHARD STREET, SUITE 1  
JACKSONVILLE, FL 32216 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 D  
Name FUNK, CHRISTOPHER  
Address 5711 RICHARD STREET, SUITE 1  
City-State-Zip: JACKSONVILLE FL 32216

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

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

*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:** FUNK , CHRISTOPHER

**REGISTERED AGENT**

**04/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date