


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90224 011 ****61.25

DOCUMENT # N0600000127

1. Entity Name
BISCAYNE PARK TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
1360 NORTHEAST 119TH STREET
MIAMI-DADE COUNTY, FL 33161 US

Mailing Address
1360 NORTHEAST 119TH STREET
MIAMI-DADE COUNTY, FL 33161 US



2. Principal Place of Business - No P.O. Box #
3250 Mary Street
 Suite, Apt. #, etc.
Suite 402

3. Mailing Address
3250 Mary Street
 Suite, Apt. #, etc.
Suite 402

04012008 Chg-NP CR2E037 (12/06)

City & State
Coconut Grove, Fl.

City & State
Coconut Grove, Fl.

Zip
33133

Country

4. FEI Number
20-4486593

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
GASSENHEIMER, JAMES D P.A.
3250 MARY STREET
#307
MIAMI, FL 33133

7. Name and Address of New Registered Agent
 Name
Michael Goldberg
 Street Address (P.O. Box Number is Not Acceptable)
3250 Mary Street
Suite 402
 City
Coconut Grove **FL** Zip Code
33133

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE **4/30/08**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete BERMAN, DAREN J 3250 MARY STREET., #501 MIAMI, FL 33133	TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Michael Goldberg (Receiver) 3250 Mary Street Suite 402 Coconut Grove, Fl. 33133
TITLE VP	<input type="checkbox"/> Delete SCHWARTZ, DAREN A 3250 MARY STREET., #501 MIAMI, FL 33133	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S/T	<input checked="" type="checkbox"/> Delete GILLIS, JOSEPH E 3250 MARY STREET., #501 MIAMI, FL 33133	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **4/30/08** DAYTIME PHONE # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR