

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742986

**Entity Name:** CAMP BISCAYNE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**3505 MAIN HIGHWAY  
COCONUT GROVE, FL 33133**Current Mailing Address:**C/O LIVING MIAMI MANAGEMENT  
10300 SUNSET DRIVE SUITE 135  
MIAMI, FL 33173 US**FEI Number:** 59-2115778**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARRISON, JOSEPH  
3505 MAIN HIGHWAY  
COCONUT GROVE, FL 33133 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	VP
Name	AUSTIN, JP
Address	C/O LIVING MIAMI MANAGEMENT 10300 SUNSET DRIVE SUITE 135
City-State-Zip:	MIAMI FL 33173

Title	PRESIDENT
Name	KIM, JOHN
Address	C/O LIVING MIAMI MANAGEMENT 10300 SUNSET DRIVE SUITE 135
City-State-Zip:	MIAMI FL 33173

Title	SECRETARY
Name	FREIDIN, ELLEN
Address	C/O LIVING MIAMI MANAGEMENT 10300 SUNSET DRIVE SUITE 135
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	HARRISON, JOSEPH
Address	C/O LIVING MIAMI MANAGEMENT 10300 SUNSET DRIVE SUITE 135
City-State-Zip:	MIAMI FL 33173

Title	TREASURER
Name	HORN, ALEX
Address	C/O LIVING MIAMI MANAGEMENT 10300 SUNSET DRIVE SUITE 135
City-State-Zip:	MIAMI FL 33173

Title	DIRECTOR
Name	KACIN, JOANNE
Address	C/O LIVING MIAMI MANAGEMENT 10300 SUNSET DRIVE SUITE 135
City-State-Zip:	MIAMI FL 33173

*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:** JOHN KIM**PRESIDENT****03/21/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date