

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 752754

**Entity Name:** BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

2545 S BAYSHORE DR #100  
MIAMI, FL 33133

**FILED**  
**Apr 23, 2021**  
**Secretary of State**  
**4719383770CC**

**Current Mailing Address:**

C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
MIAMI LAKES, FL 33016 US

**FEI Number:** 59-2066115

**Certificate of Status Desired:** No

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

THE CAPIN GROUP  
7787 NW 146TH STREET  
MIAMI LAKES, FL 33016 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:** BARBARA FANDINO-CAPIN

04/23/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRES  
Name LARRIEU, OSCAR  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title TREASURER  
Name BARBONI, JIM  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title SECRETARY, TREASURER  
Name HAMILTON, KATHY  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name HAWKINS, PHIL  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title VP  
Name LEWIS, SUSAN  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name KEISTER, MICHAEL  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR  
Name COBIAN, VICTOR  
Address C/O THE CAPIN GROUP  
7787 NW 146TH STREET  
City-State-Zip: MIAMI LAKES FL 33016

*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:** OSCAR LARRIEU

**PRESIDENT**

04/23/2021

Electronic Signature of Signing Officer/Director Detail

Date