2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752754

Entity Name: BAYSHORE PARK CONDOMINIUM ASSOCIATION, INC.

FILED Apr 20, 2016 Secretary of State CC7517935930

Current Principal Place of Business:

2545 S BAYSHORE DR #100 MIAMI. FL 33133

Current Mailing Address:

C/O THE CAPIN GROUP 14160 PALMETTO FRONTAGE ROAD SUITE 33 MIAMI LAKES, FL 33016 US

FEI Number: 59-2066115 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE CAPIN GROUP 14160 PALMETTO FRONTAGE ROAD SUITE 33 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 04/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

 Title
 PRES
 Title
 SECRETARY

 Name
 LARRIEU, OSCAR
 Name
 BARBONI, JIM

Address C/O THE CAPIN GROUP Address C/O THE CAPIN GROUP

14160 PALMETTO FRONTAGE ROAD 14160 PALMETTO FRONTAGE ROAD

SUITE 33 SUITE 33

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title TRES Title DIRECTOR

Name HAWKINS, PHILLIP Name PALMER, MARTIN

Address C/O THE CAPIN GROUP Address C/O THE CAPIN GROUP

14160 PALMETTO FRONTAGE ROAD 14160 PALMETTO FRONTAGE ROAD

SUITE 33 SUITE 33

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR Title VP

Name HWANG, TOM Name DASH, NEIL

Address C/O THE CAPIN GROUP Address C/O THE CAPIN GROUP

14160 PALMETTO FRONTAGE ROAD 14160 PALMETTO FRONTAGE ROAD

SUITE 33 SUITE 33

City-State-Zip: MIAMI LAKES FL 33016 City-State-Zip: MIAMI LAKES FL 33016

Title DIRECTOR

Address

Name HAMILTON, KATHLEEN

C/O THE CAPIN GROUP

14160 PALMETTO FRONTAGE ROAD

SUITE 33

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 04/20/2016