

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005999

**Entity Name:** BIARRITZ HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4700 NW 114 AVE  
DORAL, FL 33178

**FILED**  
**Feb 03, 2014**  
**Secretary of State**  
**CC7973078694**

**Current Mailing Address:**

C/O ALLIED PROPERTY GROUP  
12350 SW 132 COURT #114  
MIAMI, FL 33186

**FEI Number: 65-1040053**

**Certificate of Status Desired: No**

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

TRIAIY, CARLOS A  
10570 NW 27 STREET SUITE 103  
MIAMI, FL 33172 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           TREASURER  
Name           MANGEL, CHRISTIAN  
Address        12350 SW 132 COURT #114  
City-State-Zip: MIAMI FL 33186

Title           PRESIDENT  
Name           CAMPOS, DEBRA  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 COURT #114  
City-State-Zip: MIAMI FL 33186

Title           VP  
Name           PAREJAS, SABRINA  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 COURT #114  
City-State-Zip: MIAMI FL 33186

Title           SECRETARY  
Name           FERNANDEZ, JULIANNA  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 COURT #114  
City-State-Zip: MIAMI FL 33186

Title           DIRECTOR  
Name           NARANJO, MARCO  
Address        C/O ALLIED PROPERTY GROUP  
                  12350 SW 132 COURT #114  
City-State-Zip: MIAMI FL 33186

*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: DEBRA CAMPOS**

**PRESIDENT**

**02/03/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date