

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

DOCUMENT# N00000005999

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

**Current Principal Place of Business:**

4701 NW 114 AVE  
DORAL, FL 33178

**FILED**  
**Apr 27, 2021**  
**Secretary of State**  
**3848546226CC**

**Current Mailing Address:**

C/O ATLAS PROPERTY MANAGEMENT  
1500 NW 89 COURT SUITE 202  
DORAL, FL 33172 US

**FEI Number: 65-1040053**

**Certificate of Status Desired: No**

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

EISINGER, BROWN, LEWIS, FRANKEL & CHAIET, P.A.  
4000 HOLLYWOOD BOULEVARD  
265-S  
HOLLYWOOD, FL 33021 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: DEBRA CAMPOS**

**04/27/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY  
Name PACHECO, JUAN  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title PRESIDENT  
Name CAMPOS, DEBRA  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title VP  
Name GUSTAVO, ROSALES  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title TREASURER  
Name VALVERDE , VIVIANA  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

Title DIRECTOR  
Name KAM, ERIKA  
Address 1500 NW 89 COURT  
SUITE 202  
City-State-Zip: DORAL FL 33172

*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**

**04/27/2021**

Electronic Signature of Signing Officer/Director Detail

Date