## 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N00000005999

Entity Name: BIARRITZ HOMEOWNERS ASSOCIATION, INC.

**FILED** May 01, 2019 **Secretary of State** 9532714589CC

## **Current Principal Place of Business:**

4700 NW 114 AVE DORAL, FL 33178

## **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 05/01/2019

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title **PRESIDENT** 

CAMPOS, DEBRA Name HUESCA-REYES, GLADYS Name

Address 1500 NW 89 COURT Address 1500 NW 89 COURT

SUITE 202 SUITE 202

City-State-Zip: DORAL FL 33172 City-State-Zip: DORAL FL 33172

Title VΡ Title **TREASURER** PACHECO, JUAN Name

Name KAM, ERIKA

> 1500 NW 89 COURT Address 1500 NW 89 COURT SUITE 202 SUITE 202

**DORAL FL 33172 DORAL FL 33172** City-State-Zip: City-State-Zip:

Title **DIRECTOR** 

Address

VALVERDE, VIVIANA Name

Address 1500 NW 89 COURT

SUITE 202

**DORAL FL 33172** City-State-Zip:

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.

05/01/2019 SIGNATURE: DEBRA CAMPOS **PRESIDENT**