

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000000127

**FILED**  
**Apr 22, 2016**  
**Secretary of State**  
**CC2793880749**

**Entity Name:** BISCAYNE PARK TERRACE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1350-1370 NE 119TH STREET  
MIAMI, FL 33161

**Current Mailing Address:**

9190 BISCAYNE BLVD  
202  
MIAMI SHORES, FL 33138 US

**FEI Number:** 20-4486593

**Certificate of Status Desired:** No

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

JOHN PAUL ARCIA, PA  
175 S.W. 7TH STREET  
SUITE 2000  
MIAMI, FL 33130 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 P  
Name RIVERA, ORLANDO  
Address P.O. BOX 331818  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name LORENZO, LORENZO  
Address P.O. BOX 331818  
City-State-Zip: COCONUT GROVE FL 33133

Title D  
Name ALVAREZ, ELVIN  
Address P.O. BOX 331818  
City-State-Zip: COCONUT GROVE FL 33133

Title MANAGER  
Name LANGONE, VINCENT  
Address 9190 BISCAYNE BLVD  
202 202  
City-State-Zip: MIAMI SHORES FL 33138

*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:** ORLANDO RIVERA

**PRESIDENT**

**04/22/2016**

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

\_\_\_\_\_  
Date