

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000856

Entity Name: ONE FIFTY ONE AT BISCAYNE CONDOMINIUM ASSOCIATION, INC.**FILED**
Apr 17, 2024
Secretary of State
8547943351CC**Current Principal Place of Business:**15051 ROYAL OAKS LANE
NORTH MIAMI, FL 33181**Current Mailing Address:**15051 ROYAL OAKS LANE
NORTH MIAMI, FL 33181**FEI Number: 20-8287253****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 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:** GARY MARS, ESQ.**04/17/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	SMITH, RUSSELL
Address	15051 ROYAL OAKS LANE
City-State-Zip:	NORTH MIAMI FL 33181

Title	TREASURER
Name	SILVESTRE, SERGIO
Address	15051 ROYAL OAKS LANE
City-State-Zip:	NORTH MIAMI FL 33181

Title	SECRETARY
Name	OLSON, AMY
Address	15051 ROYAL OAKS LANE
City-State-Zip:	NORTH MIAMI FL 33181

Title	DIRECTOR
Name	ANDERSEN, ALFRED
Address	15051 ROYAL OAKS LANE
City-State-Zip:	NORTH MIAMI FL 33181

Title	VICE-PRESIDENT
Name	THOMPSON, PAULA
Address	15051 ROYAL OAKS LANE
City-State-Zip:	NORTH MIAMI FL 33181

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: RUSSELL SMITH**PRESIDENT****04/17/2024**

Electronic Signature of Signing Officer/Director Detail

Date