

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000000856

**Entity Name:** ONE FIFTY ONE AT BISCAYNE CONDOMINIUM ASSOCIATION, INC.

**FILED**  
**Feb 18, 2022**  
**Secretary of State**  
**1013622561CC**

**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:** Yes

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

PENABAD, CORALEE G  
283 CATALONIA AVE  
SUITE 100  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CHAWLA, SURJIT  
Address 14851 ROYAL OAKS LANE  
City-State-Zip: NORTH MIAMI FL 33181

Title PRESIDENT  
Name HELLINGER, ANDREW B  
Address 283 CATALONIA AVENUE  
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR  
Name SILVESTRE, SERGIO  
Address 14851 ROYAL OAKS LANE  
City-State-Zip: NORTH MIAMI FL 33181

Title DIRECTOR  
Name SMITH , RUSSELL  
Address 14851 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: SMITH RUSSELL**

**DIRECTOR**

**02/18/2022**

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

\_\_\_\_\_  
Date