

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000000880

**Entity Name:** BISCAYNE BEACH SHARED FACILITIES ASSOCIATION, INC.

**Current Principal Place of Business:**

314 CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401-4637

**Current Mailing Address:**

314 CLEMATIS STREET  
SUITE 200  
WEST PALM BEACH, FL 33401-4637

**FEI Number:** 47-4315578

**Certificate of Status Desired:** Yes

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 33131-2130 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 PD  
Name BOREN, REID J  
Address 314 CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401-4637

Title VP, DIRECTOR  
Name REDIKER, ROBERT  
Address 45 ROCKEFELLER PLAZA  
31ST FLOOR  
City-State-Zip: NEW YORK NY 10111

Title STD  
Name HAYES, DANIEL G  
Address 314 CLEMATIS STREET  
SUITE 200  
City-State-Zip: WEST PALM BEACH FL 33401-4637

Title DIRECTOR  
Name FLEDSTEIN, THOMAS M  
Address 681 SCHOFIELD ROAD  
City-State-Zip: SAN FRANCISCO CA 94129

*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:** DANIEL G HAYES

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date