

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005583

Entity Name: BISCAYNE POINT SOUTH HOMEOWNERS' ASSOCIATION, INC.

FILED
Feb 23, 2015
Secretary of State
CC5704941332

Current Principal Place of Business:

C/O LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE SUITE 309
MIAMI, FL 33186

Current Mailing Address:

C/O LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE SUITE 309
MIAMI, FL 33186 US

FEI Number: 65-0801238

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LYNX PROPERTY SERVICES, LLC
LYNX PROPERTY SERVICES, LLC
12485 SW 137 AVENUE SUITE 309
MIAMI, FL 33186 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: THOMAS RYAN

02/23/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAS, ELIZABETH
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title VP
Name DE CESPEDES, CARLOS
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name ALFONSO, YISEL
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

Title DIRECTOR
Name FLUELLEN, GREGORY
Address C/O LYNX PROPERTY SERVICES, LLC
 12485 SW 137 AVENUE SUITE 309
City-State-Zip: MIAMI FL 33186

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: ELIZABETH MAS

PRESIDENT

02/23/2015

Electronic Signature of Signing Officer/Director Detail

Date