

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000005583

**Entity Name:** BISCAYNE POINT SOUTH HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Mar 27, 2014**  
**Secretary of State**  
**CC2898324934****Current Principal Place of Business:**LAND CAP PROPERTY SERVICES  
13800 SW 144 AVE RD.  
MIAMI, FL 33186**Current Mailing Address:**LAND CAP PROPERTY SERVICES  
13800 SW 144 AVE RD.  
MIAMI, FL 33186 US**FEI Number: 65-0801238****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C/O LAND CAP PROPERTY SERVICES  
13800 SW 144 AVE RD  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PD
Name	MAS, ELIZABETH
Address	12113 SW 251 STREET
City-State-Zip:	PRINCETON FL 33032

Title	VPD
Name	DECESPEDES, CARLOS
Address	12107 SW 249 STREET
City-State-Zip:	PRINCETON FL 33032

Title	DIRECTOR
Name	ALFONSO, YISEL
Address	13800 SW 144 AVE RD
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	CUBLEA, NOEL
Address	13800 SW 144 AVE RD
City-State-Zip:	MIAMI FL 33186

Title	DIRECTOR
Name	FLUELLEN, GREGORY
Address	13800 SW 144 AVE RD
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****03/27/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date