2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N06000000127

I FILED
Jun 19, 2008
Secretary of State

Entity Name: BISCAYNE PARK TERRACE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

3520 MARY ST 1360 NE 119TH STREET STE 402 MIAMI, FL 33161 US

COCONUT GROVE, FL 33133 US

Current Mailing Address: New Mailing Address:

3520 MARY ST P.O. BOX 402507

STE 402 MIAMI BEACH, FL 33140 US

COCONUT GROVE, FL 33133 US

FEI Number: 20-4486593 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GOLDBERG, MICHAEL

3250 MARY ST

STE 402

COMPLETE PROPERTY MANAGEMENT RESOURCES
3550 BISCAYNE BLVD.
SUITE 401

STE 402 SUITE 401 COCONUT GROVE, FL 33133 US MIAMI, FL 33137 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 RAYURKS OF S

SIGNATURE: RAY HICKS, CEO 06/19/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition
Name: BERMAN, DAREN J Name: SCHWARTZ, DARREN
Address: 2350 MARY STREET #501

 Address:
 3250 MARY STREET,, #501
 Address:
 3250 MARY STREET,, #501

 City-St-Zip:
 MIAMI, FL 33133 US
 City-St-Zip:
 MIAMI, FL 33133 US

 $\label{eq:title:title:VP} \textit{Title:} \qquad \textit{VP} \qquad \textit{(X) Delete} \qquad \qquad \textit{Title:} \qquad \textit{() Change () Addition}$

 Name:
 SCHWARTZ, DAREN A
 Name:

 Address:
 3250 MARY STREET,, #501
 Address:

 City-St-Zip:
 MIAMI, FL 33133 US
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 GOLDBERG, MICHAEL
 Name:

 Address:
 3250 MARY STREET, STE 402
 Address:

 City-St-Zip:
 MIAMI, FL 33133
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DARREN SCHWARTZ P 06/19/2008