

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000006445

FILED
Jan 13, 2015
Secretary of State
CC8620867264

Entity Name: BISCAYNE NEIGHBORHOODS ASSOCIATION, INC.

Current Principal Place of Business:

121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134

Current Mailing Address:

121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONGORA, MICHAEL C. ESQ.
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH FLOOR
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: MICHAEL C. GONGORA

01/13/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAILEY, TOM
Address 121 ALHAMBRA PLAZA, 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title VP
Name GISSIN, MATHEW
Address 121 ALHAMBRA PLAZA, 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title TREASURER
Name JACOBSON, DAN
Address 121 ALHAMBRA PLAZA, 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title SECRETARY
Name ALTHABE, ANDRES
Address 121 ALHAMBRA PLAZA, 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name VOELKER, SCOTT
Address 121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES
City-State-Zip: FL FL 33134

Title DIRECTOR
Name WAYLAND, ALEXANDRA (SANDY)
Address 121 ALHAMBRA PLAZA, 10TH FLOOR
City-State-Zip: CORAL GABLES FL 33134

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: TOM BAILEY

PRESIDENT

01/13/2015

Electronic Signature of Signing Officer/Director Detail

Date