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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **754639** (3)

1. Corporation Name

THE GARDENS OF KEY BISCAIYNE ALHAMBRA ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**161 EAST ENID DRIVE
KEY BISCAIYNE FL 33149**

**959 CRANDON BLVD
2050 CORAL WAY, STE 305
KEY BISCAIYNE FL 33149-2752
US**



3. Date Incorporated or Qualified
10/10/1980

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **90 Poffenbarger Realty**
27 **959 Crandon Blvd.**

23 City & State

28 **Miami, FL**

24 Zip

25 Country

29 Zip

30 Country

33149

USA

4. FEI Number
59-2024768

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**POFFENBURGER, MARK A
959 CRANDON BLVD
KEY BISCAIYNE FL 33149**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

NAME **HANDEL, POKEN**
STREET ADDRESS **237 E ENID DR**
CITY-ST-ZIP **KEY BISCAIYNE FL**

TITLE **VPD** ☒ DELETE

NAME **FLETCHER, MARIA**
STREET ADDRESS **215 E ENID DR**
CITY-ST-ZIP **KEY BISCAIYNE FL**

TITLE **TD** ☐ DELETE

NAME **HOFFMAN, PETER**
STREET ADDRESS **E ENID DR**
CITY-ST-ZIP **KEY BISCAIYNE FL**

TITLE **SD** ☐ DELETE

NAME **WHITE, HELEN**
STREET ADDRESS **241 E ENID DR**
CITY-ST-ZIP **KEY BISCAIYNE FL**

TITLE **D** ☒ DELETE

NAME **DE SAUGY, CATHERINE**
STREET ADDRESS **129 E ENID DR**
CITY-ST-ZIP **KEY BISCAIYNE FL**

TITLE **DVP** ☒ DELETE

NAME **BIAGGI, HECTOR**
STREET ADDRESS **205 E ENID DR**
CITY-ST-ZIP **KEY BISCAIYNE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☒ Addition

1.2 NAME **Ramowski, Wayne**
1.3 STREET ADDRESS **259 E. Enid DR.**
1.4 CITY-ST-ZIP **Key Biscayne, FL.**

2.1 TITLE **VD** ☐ Change ☒ Addition

2.2 NAME **Radice, Jackie**
2.3 STREET ADDRESS **255 E. Enid DR.**
2.4 CITY-ST-ZIP **Key Biscayne, FL.**

3.1 TITLE **D** ☒ Change ☐ Addition

3.2 NAME **Hoffman, Peter**
3.3 STREET ADDRESS **137 E. Enid DR.**
3.4 CITY-ST-ZIP **Key Biscayne, FL. 33149**

4.1 TITLE **TD** ☐ Change ☒ Addition

4.2 NAME **Davis, BTH William**
4.3 STREET ADDRESS **125 E. Enid DR.**
4.4 CITY-ST-ZIP **Key Biscayne, FL. 33149**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **597 2062**

0030689

CR2E037 (9/96)