

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715394 (3)

1. Corporation Name

THE SANDS OF KEY BISCAVNE ASSOCIATION, INC.

Principal Place of Business

605 OCEAN DR
KEY BISCAVNE FL 33149

Mailing Address

605 OCEAN DR
KEY BISCAVNE FL 33149



600001797046
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***61.25

3. Date Incorporated or Qualified
10/09/1968

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-1269433

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

TERRY A HEATON
605 OCEAN DR
KEY BISCAVNE FL 33149

81 Name

RAYMOND H MIKE

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

605 OCEAN DR MI

83

84 City

KEY BISCAVNE

FL

85 Zip Code

33149

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, 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

3/15/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME OWENS, STEPHEN
STREET ADDRESS 607 OCEAN DR.
CITY-ST-ZIP KEY BISCAVNE FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DAVID SIME
1.3 STREET ADDRESS 605 OCEAN DR MI
1.4 CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D ☐ DELETE
NAME SCHRAGER, ARTHUR
STREET ADDRESS 607 OCEAN DR.
CITY-ST-ZIP KEY BISCAVNE FL

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME SHARON TUNNENSON
2.3 STREET ADDRESS 609 OCEAN DR 411
2.4 CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE SD ☐ DELETE
NAME BELOFF, JEROME
STREET ADDRESS 607 OCEAN DR. 3J
CITY-ST-ZIP KEY BISCAVNE FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME MARIA CORDOVA
3.3 STREET ADDRESS 613 OCEAN DR 2D
3.4 CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE VD ☐ DELETE
NAME HOYT, WILLIAM
STREET ADDRESS 611 OCEAN DR. 4F
CITY-ST-ZIP KEY BISCAVNE FL

4.1 TITLE PD ☐ Change ☐ Addition
4.2 NAME WILLIAM HOYT
4.3 STREET ADDRESS 611 OCEAN DR 4F
4.4 CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D ☐ DELETE
NAME PRYOR, MARY
STREET ADDRESS 611 OCEAN DR. 4E
CITY-ST-ZIP KEY BISCAVNE FL

5.1 TITLE D ☐ Change ☐ Addition
5.2 NAME JEROME BELOFF
5.3 STREET ADDRESS 607 OCEAN DR 3J
5.4 CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE D ☐ DELETE
NAME GOLDSTEIN, SANDRA
STREET ADDRESS 611 OCEAN DR 2E
CITY-ST-ZIP KEY BISCAVNE FL

6.1 TITLE VD ☐ Change ☐ Addition
6.2 NAME SANDRA GOLDSTEIN
6.3 STREET ADDRESS 611 OCEAN DR 2E
6.4 CITY-ST-ZIP KEY BISCAVNE FL 33149

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

3/15/96 305 3615187

CR2E037 (12/95)

4-26-96