

**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.**



600001797046  
-04/26/96--01100--045  
\*\*\*61.25

Principal Place of Business: 605 OCEAN DR, KEY BISCAVNE FL 33149  
Mailing Address: 605 OCEAN DR, KEY BISCAVNE FL 33149

3. Date Incorporated or Qualified: 10/09/1968  
3a. Date of Last Report: 03/28/1995  
4. FEI Number: 59-1269433  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 25, 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**TERRY A HEATON**  
605 OCEAN DR  
KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent  
81 Name: RAYMOND MIKE  
82 Street Address: 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 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]* DATE: 3/15/96

12. OFFICERS AND DIRECTORS	
TITLE: PD	<input checked="" type="checkbox"/> DELETE
NAME: OWENS, STEPHEN	
STREET ADDRESS: 607 OCEAN DR.	
CITY-ST-ZIP: KEY BISCAVNE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: SCHRAGER, ARTHUR	
STREET ADDRESS: 607 OCEAN DR.	
CITY-ST-ZIP: KEY BISCAVNE FL	
TITLE: SD	<input type="checkbox"/> DELETE
NAME: BELOFF, JEROME	
STREET ADDRESS: 607 OCEAN DR. 3J	
CITY-ST-ZIP: KEY BISCAVNE FL	
TITLE: VD	<input type="checkbox"/> DELETE
NAME: HOYT, WILLIAM	
STREET ADDRESS: 611 OCEAN DR. 4F	
CITY-ST-ZIP: KEY BISCAVNE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: PRYOR, MARY	
STREET ADDRESS: 611 OCEAN DR. 4E	
CITY-ST-ZIP: KEY BISCAVNE FL	
TITLE: D	<input type="checkbox"/> DELETE
NAME: GOLDSTEIN, SANDRA	
STREET ADDRESS: 611 OCEAN DR 2E	
CITY-ST-ZIP: KEY BISCAVNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME: DAVID SIME	
1.3 STREET ADDRESS: 605 OCEAN DR 11M	
1.4 CITY-ST-ZIP: KEY BISCAVNE FL 33149	
2.1 TITLE: SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME: SHARON TUNNESSON	
2.3 STREET ADDRESS: 609 OCEAN DR 4H	
2.4 CITY-ST-ZIP: KEY BISCAVNE FL 33149	
3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME: MARIA CORDOVA	
3.3 STREET ADDRESS: 613 OCEAN DR 2D	
3.4 CITY-ST-ZIP: KEY BISCAVNE FL 33149	
4.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: WILLIAM HOYT	
4.3 STREET ADDRESS: 611 OCEAN DR 4F	
4.4 CITY-ST-ZIP: KEY BISCAVNE FL 33149	
5.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: JEROME BELOFF	
5.3 STREET ADDRESS: 607 OCEAN DR 3J	
5.4 CITY-ST-ZIP: KEY BISCAVNE FL 33149	
6.1 TITLE: VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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]* WILLIAM K. HOYT, JR. DATE: 3/15/96 DAYTIME PHONE: 305 3615 187

CR2E037 (12/95)

4-26-96