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Jan 23 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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 Mailing Address
605 OCEAN DR KEY BISCAVNE FL 33149
605 OCEAN DR KEY BISCAVNE FL 33149-2323

3. Date Incorporated or Qualified 10/09/1968
3a. Date of Last Report 04/26/1996

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number 59-1269433
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

FIKE, RAYMOND H.
605 OCEAN DR MI
KEY BISCAVNE FL 33149

81 Name RAYMOND FIKE
82 Street Address (P.O. Box Number is Not Acceptable) 605 OCEAN DR
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 *Ray Fike*
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME SIME, DAVID
STREET ADDRESS 605 OCEAN DR. 11M
CITY-ST-ZIP KEY BISCAVNE FL 33149
TITLE D DELETE
NAME SCHRAGER, ARTHUR
STREET ADDRESS 607 OCEAN DR.
CITY-ST-ZIP KEY BISCAVNE FL
TITLE D DELETE
NAME BELOFF, JEROME
STREET ADDRESS 607 OCEAN DR. 3J
CITY-ST-ZIP KEY BISCAVNE FL 33149
TITLE PD DELETE
NAME HOYT, WILLIAM
STREET ADDRESS 611 OCEAN DR. 4F
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
TITLE VD DELETE
NAME GOLDSTEIN, SANDRA
STREET ADDRESS 611 OCEAN DR 2E
CITY-ST-ZIP KEY BISCAVNE FL 33149

1.1 TITLE TREASURER Change Addition
1.2 NAME WILSON, GARNER
1.3 STREET ADDRESS 609 OCEAN DR 8G
1.4 CITY-ST-ZIP KEY BISCAVNE FL 33149
2.1 TITLE DIRECTOR Change Addition
2.2 NAME RIVELLI, PAULINE
2.3 STREET ADDRESS 607 OCEAN DR 10K
2.4 CITY-ST-ZIP KEY BISCAVNE FL 33149
3.1 TITLE SECRETARY Change Addition
3.2 NAME TONNESSEN, SHARON
3.3 STREET ADDRESS 609 OCEAN DR
3.4 CITY-ST-ZIP KEY BISCAVNE FL 33149
4.1 TITLE DIRECTOR Change Addition
4.2 NAME CORDOVA MARIA
4.3 STREET ADDRESS 613 OCEAN DR 20
4.4 CITY-ST-ZIP KEY BISCAVNE FL 33149
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 if changed or on an attachment with an address.

SIGNATURE: *Sharon Tonnesen* 1/7/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (9/96)