


FILE NOW: FILING FEE IS \$61.25

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Apr 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **715394** (3)  
Corporation Name  
**THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.**



Principal Place of Business <b>605 OCEAN DR KEY BISCAYNE FL 33149</b>	Mailing Address <b>605 OCEAN DR KEY BISCAYNE FL 33149</b>	3. Date Incorporated or Qualified <b>10/09/1968</b>
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4. FEI Number <b>59-1269433</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent <b>FIKE, RAYMOND H. 605 OCEAN DR MI KEY BISCAYNE FL 33149</b>	10. Name and Address of New Registered Agent <b>81</b> Name <b>MUMMEY, DONALD</b> <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>605 OCEAN DRIVE MI</b> <b>83</b> <b>84</b> City <b>KEY BISCAYNE FL</b> <b>85</b> Zip Code <b>33149</b>
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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 **4/19/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T WILSON, GARVER 609 OCEAN DR 8G KEY BISCAYNE FL <input checked="" type="checkbox"/> DELETE	1.1 TITLE	TREASURER ELLIOTT, MICHAEL 607 OCEAN DRIVE 80L KEY BISCAYNE FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D RIVELLI, PAULINE 607 OCEAN DR 10K KEY BISCAYNE FL <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S TONNESSEN, SHARON 609 OCEAN DR KEY BISCAYNE FL <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DR JEROME BELOFF 607 OCEAN DR 3T KEY BISCAYNE FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	SECRETARY
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD HOYT, WILLIAM 611 OCEAN DR. 4F KEY BISCAYNE FL 33149 <input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT HOYT, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D PRYOR, MARY 611 OCEAN DR. 4E KEY BISCAYNE FL <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DR GERALD KAISER 607 OCEAN DR 10M KEY BISCAYNE FL 33149 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD GOLDSTEIN, SANDRA 611 OCEAN DR 2E KEY BISCAYNE FL 33149 <input type="checkbox"/> DELETE	6.1 TITLE	BOARD MEMBER DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* **DR JEROME BELOFF** **4/10/98** **305 361-5737**

CR2E037 (10/97)