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Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 715394 (3)
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

3. Date Incorporated or Qualified: 10/09/1968
4. FEI Number: 59-1269433 Applied For: Not Applicable

2. Principal Place of Business	2a. Mailing Address	6. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
22 City & State	27 City & State	7. Is this nonprofit corporation a homeowners association?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23 Zip	28 Zip	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
24 Country	29 Country		

9. Name and Address of Current Registered Agent: FIKE, RAYMOND H. 605 OCEAN DR MI KEY BISCAVNE FL 33149

10. Name and Address of New Registered Agent:

81 Name	MUMMEET, DONALD
82 Street Address (P.O. Box Number is Not Acceptable)	605 OCEAN DRIVE 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: 4/19/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	TREASURER
NAME	WILSON, GARVER	1.2 NAME	ELLIOTT, MICHAEL
STREET ADDRESS	609 OCEAN DR 8G	1.3 STREET ADDRESS	607 OCEAN DRIVE 80L
CITY-ST-ZIP	KEY BISCAVNE FL	1.4 CITY-ST-ZIP	KEY BISCAVNE FL 33149
TITLE	D	2.1 TITLE	
NAME	RVELLI, PAULINE	2.2 NAME	
STREET ADDRESS	607 OCEAN DR 10K	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	DR JEROME BELOFF
NAME	TONNESSEN, SHARON	3.2 NAME	607 OCEAN DR 3T
STREET ADDRESS	609 OCEAN DR	3.3 STREET ADDRESS	KEY BISCAVNE FL 33149
CITY-ST-ZIP	KEY BISCAVNE FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	VICE PRESIDENT
NAME	HOYT, WILLIAM	4.2 NAME	HOYT, WILLIAM
STREET ADDRESS	811 OCEAN DR. 4F	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	DR GERALD KAISER
NAME	PRYOR, MARY	5.2 NAME	607 OCEAN DR 10M
STREET ADDRESS	811 OCEAN DR. 4E	5.3 STREET ADDRESS	KEY BISCAVNE FL 33149
CITY-ST-ZIP	KEY BISCAVNE FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	BOARD MEMBER
NAME	GOLDSTEIN, SANDRA	6.2 NAME	DIRECTOR
STREET ADDRESS	611 OCEAN DR 2E	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL 33149	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 4/10/98 905 361-5737

CR2E037 (10/97)