


FILE NOW: FILING FEE IS \$61.25

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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 715394					
1. Corporation Name THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.					
Principal Place of Business 605 OCEAN DR KEY BISCAYNE FL 33149			Mailing Address 605 OCEAN DR KEY BISCAYNE FL 33149		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/09/1968	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1269433	
24 Country		29 Country		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MUMMERT, DONALD 605 OCEAN DR MI KEY BISCAYNE FL 33149				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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, 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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
	ELLIOT, MICHAEL	607 OCEAN DRIVE 11L	KEY BISCAYNE FL 33149		ELLIOT, Michael	607 Ocean Drive 11L	Key Biscayne, FL. 33149
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	RIVELLI, PAULINE	607 OCEAN DR 10K	KEY BISCAYNE FL				
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	BELOFF, JEROME DR	607 OCEAN DR 3J	KEY BISCAYNE FL 33149		Beloff, JEROME DR	607 Ocean DR. 3J	Key Biscayne, FL. 33149
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	HOYT, WILLIAM	611 OCEAN DR. 4F	KEY BISCAYNE FL 33149		Bohutinsky, ANDREW	613 Ocean Drive 10C	Key Biscayne, FL. 33149
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	KAISER, GERALD DR	607 OCEAN DR 10M	KEY BISCAYNE FL 33149		Kaiser, GERALD DR	607 Ocean Drive 10M	Key Biscayne, FL. 33149
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	GOLDSTEIN, SANDRA	611 OCEAN DR 2E	KEY BISCAYNE FL 33149		GOLDSTEIN, Sandra	611 Ocean Dr. 2	Key Biscayne, FL. 33149

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, with all other like empowered.

SIGNATURE:

Andrew Bohutinsky **ANDREW BOHUTINSKY** 4/27/98 305 365-7489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)