

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 16, 2004 8:00 am**  
**Secretary of State**

06-16-2004 90015 001 \*\*\*\*\*8.75  
 06-16-2004 90015 002 \*\*\*\*\*61.25



<b>DOCUMENT # 715394</b>		1. Entry Name <b>THE SANDS OF KEY BISCAZYNE ASSOCIATION, INC.</b>		4. FEI Number <b>59-1269433</b> Applied For <input type="checkbox"/> Not Applicable	
Principal Place of Business <b>605 OCEAN DR KEY BISCAZYNE, FL 33149</b>		Mailing Address <b>605 OCEAN DR KEY BISCAZYNE, FL 33149</b>			
2. Principal Place of Business		3. Mailing Address		04192004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State		City & State		6. Name and Address of Current Registered Agent	
Zip	Country	Zip	Country	7. Name and Address of New Registered Agent	
DE LA CAMARA, ROSA M BECKER & POLIAKOFF, PA 5201 BLUE LAGOON DR #100 MIAMI, FL 33126		Name <b>Rosa M. de la Camara</b> Street Address (P.O. Box Number is Not Acceptable) <b>1st Anamora Plaza</b> <b>10th floor</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		4. FEI Number <b>59-1269433</b> Applied For <input type="checkbox"/> Not Applicable	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: <u>Rosa M. de la Camara for Becker + Poliakoff PA 4/20/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODANO, JOE		NAME	MICHAEL STEPHENS	
STREET ADDRESS	607 OCEAN DRIVE 10B		STREET ADDRESS	613 OCEAN DRIVE #3A	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149		CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RIVELLI, PAULINE		NAME	ANDREW BOHUTINSKY	
STREET ADDRESS	607 OCEAN DR 10K		STREET ADDRESS	613 OCEAN DRIVE 10C	
CITY-ST-ZIP	KEY BISCAZYNE, FL		CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENOITO, TERESA		NAME	JORGE CAMPOS	
STREET ADDRESS	613 OCEAN DRIVE #11D		STREET ADDRESS	605 OCEAN DRIVE 9M	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149		CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENICHER, SILVIA		NAME	ROSA ZAMORA	
STREET ADDRESS	605 OCEAN DRIVE 11L		STREET ADDRESS	609 OCEAN DR #5H	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149		CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERNSTEIN, SYLVIA		NAME	JONATHAN PREVANT	
STREET ADDRESS	613 OCEAN DRIVE #11C		STREET ADDRESS	613 OCEAN DRIVE 2C	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149		CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILOTTI, PETER		NAME	JOAN MATHESON	
STREET ADDRESS	611 OCEAN DR 2		STREET ADDRESS	613 OCEAN DRIVE #4D	
CITY-ST-ZIP	KEY BISCAZYNE, FL 33149		CITY-ST-ZIP	KEY BISCAZYNE, FL 33149	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Michael Stephens, VP</u>		Date: <u>04.20.04</u>		Daytime Phone #: <u>305-448-5299</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					