


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90215 009 ****61.25

DOCUMENT # 715394					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1269433	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA CAMARA, ROSA M 121 ALHAMBRA PLAZA - 10TH FLOOR MIAMI, FL 33134				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STEFENS, MICHAEL STREET ADDRESS 615 OCEAN DRIVE #34 CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE PRESIDENT NAME PREVIANT, JONATHAN STREET ADDRESS 613 OCEAN DR #9-C CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME BOHUTINSKY, ANDREW STREET ADDRESS 613 OCEAN DRIVE #10-C CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE V. PRES. NAME CAMPS, JORGE STREET ADDRESS 605 OCEAN DR #9-M CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CAMPS, JORGE STREET ADDRESS 605 OCEAN DRIVE #9-M CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE SEC NAME ZAMORA ROSA STREET ADDRESS 609 OCEAN DR #5-H CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME ZAMORA, ROSA STREET ADDRESS 609 OCEAN DRIVE #5-H CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE TREAS. NAME CASTELLANOS, LUIS STREET ADDRESS 605 OCEAN DR #7-M CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE P NAME PREVIANT, JONATHAN STREET ADDRESS 613 OCEAN DRIVE #9-C CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE ASST. TREAS. NAME PENICHER, SILVA STREET ADDRESS 605 OCEAN DR #4-L CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME MATAHESON, JOAN STREET ADDRESS 613 OCEAN DRIVE #4-D CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete		TITLE DIRECTOR NAME FREIRE, ERNESTO STREET ADDRESS 607 OCEAN DR #3-1C CITY - ST - ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: _____			Date <u>4/19/05</u> Daytime Phone # _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					