


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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DOCUMENT # 715394							
1. Entity Name THE SANDS OF KEY BISCAIYNE ASSOCIATION, INC.							
Principal Place of Business 605 OCEAN DR KEY BISCAIYNE, FL 33149			Mailing Address 605 OCEAN DR KEY BISCAIYNE, 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			7. Name and Address of New Registered Agent				
DE LA CAMARA, ROSA M 121 ALHAMBRA PLAZA - 10TH FLOOR MIAMI, FL 33134			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
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	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	STEFENS, MICHAEL		NAME	PREVIANT, JONATHAN			
STREET ADDRESS	615 OCEAN DRIVE #34		STREET ADDRESS	613 OCEAN DR #9-C			
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP	KEY BISCAIYNE, FL 33149			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	V. Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BOHUTINSKY, ANDREW		NAME	CAMPS, JORGE			
STREET ADDRESS	613 OCEAN DRIVE #10-C		STREET ADDRESS	605 OCEAN DR #9-M			
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP	KEY BISCAIYNE, FL 33149			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	SEC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAMPS, JORGE		NAME	ZAMORA ROSA			
STREET ADDRESS	605 OCEAN DRIVE #9-M		STREET ADDRESS	609 OCEAN DR #5-H			
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP	KEY BISCAIYNE, FL 33149			
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ZAMORA, ROSA		NAME	CASTELLANOS, LUIS			
STREET ADDRESS	609 OCEAN DRIVE #5-H		STREET ADDRESS	605 OCEAN DR #7-M			
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP	KEY BISCAIYNE, FL 33149			
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	ASST. TREA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PREVIANT, JONATHAN		NAME	PENICHER, SILVA			
STREET ADDRESS	613 OCEAN DRIVE #9-C		STREET ADDRESS	605 OCEAN DR #4-L			
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP	KEY BISCAIYNE, FL 33149			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MATAHESON, JOAN		NAME	FERRER, ERNESTO			
STREET ADDRESS	613 OCEAN DRIVE #4-D		STREET ADDRESS	607 OCEAN DR #3-1C			
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149		CITY - ST - ZIP	KEY BISCAIYNE, FL 33149			
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: 4/19/05				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>				