

ANNUAL REPORT

DOCUMENT # N00000004852

1. Entity Name
KIWANIS CLUB OF AVENTURA, INC.



Principal Place of Business
2785 NE 183RD STREET
AVENTURA, FL 33160

Mailing Address
C/O BISCAYNE INSTITUTES OF HEALTH & LIVING
2785 NE 183RD STREET
AVENTURA, FL 33160

FILED
Feb 16, 2006 08:00 AM
Secretary of State



02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1034846

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PINDER, THOMAS K DR.
18010 NE 10TH AVE
NORTH MIAMI BEACH, FL 33162

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and file # applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
PINDER, THOMAS K DR.
18010 NE 10TH AVE
NORTH MIAMI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DICOWDEN, MARIE DR
3610 YACHT CLUB DR #1108
AVENTURA, FL 33180

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SEC
FERGUSON, TATIANA
1075 NW 83RD STREET
MIAMI, FL 33150

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREA
PONCE, ANA
1180 NE 161ST TERRACE
NORTH MIA MI BEACH, FL 33162

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PARKER, ANTONIO
55 NE 192ND STREET
MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000436349
02/27/06-80034-002 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas K. Pinder

2/14/06 (305) 651-6881