
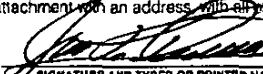


FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90194 005 ****61.25

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 ROBERTS, NORMAN T 50 WEST MASHTA DR., STE. 4 KEY BISCAIYNE, FL 33149			7. Name and Address of Now 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PREVIANT, JONATHAN		NAME		
STREET ADDRESS	613 OCEAN DRIVE # 9-C		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAMPS, JORGE		NAME		
STREET ADDRESS	605 OCEAN DRIVE, # 9-M		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ZAMORA, ROSA		NAME	S Andrew Bohutinsky	
STREET ADDRESS	609 OCEAN DRIVE, # 5-H		STREET ADDRESS	613 OCEAN DR. APT 10C	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASTELLANOS, LUIS		NAME		
STREET ADDRESS	605 OCEAN DRIVE, # D-7		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	AT	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PENICNET, SILVA		NAME		
STREET ADDRESS	605 OCEAN DRIVE # 4-L		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FREYRE, ERNESTO		NAME		
STREET ADDRESS	607 OCEAN DRIVE # 3-K		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
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 if changed, or on an attachment with an address, and all other like information.					
SIGNATURE: 		- Jose Penicnet 4-21-06		305-361-5777	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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