

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90297 045 ****70.00

DOCUMENT # N96000001295 1. Entity Name FLORIDA KEYS SENSIBLE PLANNING ALLIANCE, INC.					
Principal Place of Business 401 OCEAN DRIVE APT 406 MIAMI BEACH, FL 33139			Mailing Address 401 OCEAN DRIVE APT 406 MIAMI BEACH, FL 33139		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 65-0646973				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HILLIARD, RANDALL 401 OCEAN DRIVE APT 406 MIAMI BEACH, FL 33139			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HILLIARD, RANDALL		NAME		
STREET ADDRESS	401 OCEAN DRIVE, APT 406		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	CUELLAR, CLAUDIA		NAME	Feingold, Laurence	
STREET ADDRESS	1121 ANDORA AVENUE		STREET ADDRESS	407 Lincoln Road, Ste 708	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP	Miami Beach FL 33139	
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	MCCORMICK, JOSEPH		NAME	Feingold, Renee	
STREET ADDRESS	7541 ADVENTURE AVENUE		STREET ADDRESS	407 Lincoln Road, Ste 708	
CITY-ST-ZIP	NORTH BAY VILLAGE, FL 33141		CITY-ST-ZIP	Miami Beach FL 33139	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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, with all other like empowered.					
SIGNATURE: 			Randall Hilliard		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/06 305-673-5353 Date Daytime Phone #		