
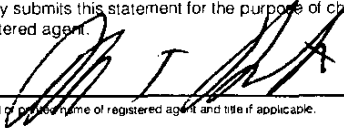
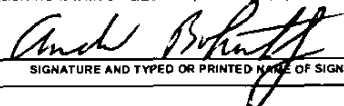


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90198 028 ****61.26

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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
02012007		Chg-NP	
CR2E037 (12/06)		4. FEI Number 59-1269433	
Applied For		Not Applicable	
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 Norman T. Roberts, P.A	
		Street Address (P.O. Box Number is Not Acceptable)	
		50 West Mashta Dr. Suite 4	
		City Key Biscayne FL Zip Code 33149	
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 4/17/07	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2007		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 checked="" type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREVIANT, JONATHAN	NAME	Bohutinsky, Andrew
STREET ADDRESS	613 OCEAN DRIVE # 9-C	STREET ADDRESS	613 Ocean Dr. Apt 10C
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPS, JORGE	NAME	Previat, Jonathan
STREET ADDRESS	605 OCEAN DRIVE, # 9-M	STREET ADDRESS	613 Ocean Dr Apt 9C
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOHUTINESKY, ANDRE	NAME	Jose Penichet
STREET ADDRESS	615 OCEAN DR. APT 10C	STREET ADDRESS	605 Ocean Dr Apt. 41
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	T <input checked="" type="checkbox"/> Delete	TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASTELLANOS, LUIS	NAME	Robert Oldakowski
STREET ADDRESS	605 OCEAN DRIVE, # D-7	STREET ADDRESS	605 Ocean Drive Apt 8M
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREYRE, ERNESTO	NAME	Castellanos, Luis
STREET ADDRESS	607 OCEAN DRIVE # 3-K	STREET ADDRESS	605 Ocean Dr Apt. 7m
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	<input type="checkbox"/> Delete	TITLE	O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	Freyre, Ernesto
STREET ADDRESS		STREET ADDRESS	6110 Ocean Dr Apt 9F
CITY-ST-ZIP		CITY-ST-ZIP	Key Biscayne, FL 33149
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: 		Date 4-3-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

50001397

