

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004986

FILED
Apr 09, 2009
Secretary of State

Entity Name: KEY BISCAYNE RETAIL CONDOMINIUM ASSOCIATION INC.

Current Principal Place of Business:

2665 SOUTH BAYSHORE DR
SUITE 302
COCONUT GROVE, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 SOUTH BAYSHORE DR
SUITE 302
COCONUT GROVE, FL 33133

New Mailing Address:

FEI Number: 65-1122962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI, WALD, BIONDO & MORENO, P.A.
2 ALHAMBRA PLAZA PH1B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FRAGA, ANTONIO O
2665 SOUTH BAYSHORE DRIVE
SUITE#302
COCONUT GROVE, FL 33133 US

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.

SIGNATURE: ANTONIO O. FRAGA

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: FRAGA, ANTONIO O
Address: 2665 SOUTH BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133

Title: VPT () Delete
Name: NUNEZ, RAUL
Address: 2665 SOUTH BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133

Title: S () Delete
Name: RUBIN, MICHAEL
Address: 2665 SOUTH BAYSHORE DR SUITE 302
City-St-Zip: COCONUT GROVE, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTONIO O. FRAGA

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date