

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715394

FILED
Apr 16, 2009
Secretary of State

Entity Name: THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.

Current Principal Place of Business:

605 OCEAN DR
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

605 OCEAN DR
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1269433 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBERTS, NORMAN T PA
50 WEST MASHTA DRIVE
SUITE 4
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: BRHUTINSKY, ANDREW
Address: 613 OCEAN DR. APT 10C
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P () Delete
Name: PREVIAANT, JONATHAN
Address: 613 OCEAN DRIVE APT 9C
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: PENICHER, JOSE
Address: 605 OCEAN DR APT 41
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: NEARING, MICHAEL
Address: 63 OCEAN DR 9D
City-St-Zip: KEY BISCAYNE, FL 33149

Title: AS () Delete
Name: CAMPS, JORGE
Address: 605 OCEAN DR 9M
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LOPEZ, JOSE
Address: 607 OCEAN DR 8J
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: BOHUTINSKY, ANDREW
Address: 613 OCEAN DR. APT 10C
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: S (X) Change () Addition
Name: PENICHER, JOSE
Address: 605 OCEAN DR APT 4L
City-St-Zip: KEY BISCAYNE, FL 33149

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: JONATHAN PREVIAANT

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date