

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**

**Mar 21, 2016**

**Secretary of State  
CC5164911888**

DOCUMENT# 701861

**Entity Name:** KIWANIS CLUB OF BISCAYNE BAY, INC.

**Current Principal Place of Business:**

535 BIRD ROAD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

535 BIRD ROAD  
CORAL GABLES, FL 33146 US

**FEI Number: 59-0709941**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

ROSINEK, JEFFREY  
535 BIRD ROAD  
CORAL GABLES, FL 33146 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ALVAREZ, MAYALY  
Address 13617 SW 118 PATH  
City-State-Zip: MIAMI FL 33186

Title DIRECTOR  
Name REICH, WILLIAM  
Address 138 NE 108 STREET  
City-State-Zip: MIAMI SHORES FL 33161

Title TREASURER  
Name SILVERMAN, SAUL H  
Address 8430 S.W. 170TH TERR.  
City-State-Zip: MIAMI FL 33157

Title SECRETARY  
Name GAYOSO, KELLIE  
Address 4536 E 9 CT  
City-State-Zip: HIALEAH FL 33013

Title VP  
Name CALZON, CARMEN  
Address 2123 SW 59 AVENUE  
City-State-Zip: MIAMI FL 33155

Title DIRECTOR  
Name ARNOLD, ROBERT  
Address 1200 BRICKELL AVENUE  
1450  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT  
Name GAVIRIA, CARLOS  
Address 1101 BRICKELL AVE 16 FL NORTH  
TOWER  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT ELECT  
Name HERNANDEZ, NELLIE  
Address 7350 SW 89 CT  
9025  
City-State-Zip: MIAMI FL 33156

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE: SAUL H SILVERMAN**

**TREASURER**

**03/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name BURGOA, SILVIA  
Address 2501 BRICKELL AVENUE  
1203  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name FUENTES, CARLOS  
Address 1 NE 2 AVENUE  
200  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name MATUSOW, LEWIS  
Address 13002 SW 112 PLACE  
City-State-Zip: MIAMI FL 33176