

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715394

Entity Name: THE SANDS OF KEY BISCAYNE ASSOCIATION, INC.**Current Principal Place of Business:**605 OCEAN DR
KEY BISCAYNE, FL 33149**Current Mailing Address:**605 OCEAN DR
MANAGEMENT OFFICE
KEY BISCAYNE, FL 33149**FEI Number:** 59-1269433**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KW PROPERTY MANAGEMENT
605 OCEAN DR
MANAGEMENT OFFICE
KEY BISCAYNE, FL 33149 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:** RYAN SATOW

02/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name LEFORESTIER, FREDERIQUE
Address OFFICE
4D
City-State-Zip: KEY BISCAYNE FL 33149

Title PRESIDENT
Name SCHRAGER, SAMUEL L
Address 607 OCEAN DRIVE, 11J
City-State-Zip: KEY BISCAYNE FL 33149

Title TREASURER
Name OZTEMEL, GREG
Address 611 OCEAN DR, 5F
City-State-Zip: KEY BISCAYNE FL 33149

Title SECRETARY
Name DE GUZMAN, RAFAEL
Address 611 OCEAN DRIVE
2F
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name MORA, JAVIER
Address 613 OCEAN DR
MANAGEMENT OFFICE 8D
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name RUIZ, RODOLFO
Address 605 OCEAN DR
9A
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name DOWNS, JOSEPH
Address 605 OCEAN DR
8C
City-State-Zip: KEY BISCAYNE FL 33149

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: SAMUEL SCHRAGER

PRESIDENT

02/09/2024

Electronic Signature of Signing Officer/Director Detail

Date