

2017 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:**SKRLD, INC.
201 ALHAMBRA CIRCLE, 11TH FLOOR
CORAL GABLES, FL 33134 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	VP
Name	OTAZO, JULIO
Address	1014 LISBON ST.
City-State-Zip:	CORAL GABLES FL 33134

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

Title	DIRECTOR
Name	BERGER, DANIEL
Address	607 OCEAN DR, 5K
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DIRECTOR
Name	LOPEZ, JOSE G
Address	607 OCEAN DR UNIT 8J
City-State-Zip:	KEY BISCAYNE FL 33149

Title	SECRETARY
Name	POTTS, RENEE
Address	613 OCEAN DRIVE, 2D
City-State-Zip:	KEY BISCAYNE FL 33149

Title	TREASURER
Name	BERNSTEIN-BATISTA, SYLVIA
Address	613 OCEAN DR, 11C
City-State-Zip:	KEY BISCAYNE FL 33149

Title	DIRECTOR
Name	NEARING, MICHAEL
Address	613 OCEAN DRIVE, 9D
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: RENEE POTTS**SECRETARY****03/15/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date