

**2015 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 DIRECTOR  
Name ARMSTRONG, DWIGHT  
Address 611 OCEAN DRIVE, 9E  
City-State-Zip: KEY BISCAYNE FL 33149

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

Title SECRETARY  
Name GELLIN, TERRY  
Address 607 OCEAN DRIVE, 11J  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name PREVIANT, JONATHAN  
Address 613 OCEAN DR, 9C  
City-State-Zip: KEY BISCAYNE FL 33149

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

Title DIRECTOR  
Name PENICHET, JOSE  
Address 605 OCEAN DR, 4L  
City-State-Zip: KEY BISCAYNE FL 33149

Title PRESIDENT  
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: TERRY GELLIN**

**SECRETARY**

**03/17/2015**

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

\_\_\_\_\_  
Date