

2013 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:**HYMAN SPECTOR & MARS, LLP
MUSEUM TOWER, 27TH FLOOR
150 WEST FLAGLER STREET
MIAMI, FL 33130 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	D
Name	ARMSTRONG, DWIGHT
Address	611 OCEAN DRIVE APT 9E
City-State-Zip:	KEY BISCAYNE FL 33149

Title	P
Name	PREVIANT, JONATHAN
Address	613 OCEAN DRIVE APT 9C
City-State-Zip:	KEY BISCAYNE FL 33149

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

Title	T
Name	NEARING, MICHAEL
Address	613 OCEAN DR 9D
City-State-Zip:	KEY BISCAYNE FL 33149

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

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

Title	DIRECTOR
Name	KIMEN, GAIL
Address	611 OCEAN DRIVE 5E
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: JOSE F. PENICHET**SECRETARY****03/26/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date