

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719987

Entity Name: THE TOWERS OF KEY BISCAYNE, INC.**Current Principal Place of Business:**1121 CRANDON BLVD
KEY BISCAYNE, FL 33149**Current Mailing Address:**1121 CRANDON BLVD
KEY BISCAYNE, FL 33149**FEI Number: 59-1409911****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKRLD, INC.
201 ALHAMBRA CIRCLE, STE 1102
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 | PRES |
| Name | PINILLA, MARTIN |
| Address | 1121 CRANDON BLVD |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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|-----------------|-----------------------|
| Title | VP |
| Name | OWEN, ALISON |
| Address | 1111 CRANDON BLVD |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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|-----------------|-----------------------|
| Title | D |
| Name | LOPEZ, MARIO |
| Address | 1121 CRANDON BLVD. |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

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|-----------------|------------------------|
| Title | ASST. TREASURER |
| Name | MARCHI, ARMANDO |
| Address | 1111 CRANDON BLVD |
| City-State-Zip: | KEY BISCAYNE, FL 33149 |

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|-----------------|-----------------------|
| Title | SECRETARY |
| Name | ROSENBLUM, JUDY |
| Address | 1121 CRANDON BLVD |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

| | |
|-----------------|-----------------------|
| Title | ASST. SECRETARY |
| Name | BACALLAO, CLARA |
| Address | 1121 CRANDON BLVD |
| City-State-Zip: | KEY BISCAYNE FL 33149 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | PEREZ, MARCOS |
| Address | 1121 CRANDON BLVD |
| 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: ALISON OWEN**VICE PRESIDENT****05/01/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date