

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746078

**Entity Name:** THE PROFESSIONALS' BUILDING OF KEY BISCAYNE, INC.

**Current Principal Place of Business:**

50 W MASHTA DRIVE  
SUITE 4  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

50 W MASHTA DRIVE  
SUITE 4  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 59-2126150

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROBERTS, NORMAN T., ESQ.  
50 W MASHTA DRIVE  
SUITE 4  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SD  
Name ROBERTS, NORMAN T.  
Address 1121 CRANDON BLVD.  
# 408  
City-State-Zip: KEY BISCAYNE FL 33149

Title PD  
Name RICHARD A. REED  
Address 50 W MASHTA DRIVE  
SUITE 6  
City-State-Zip: KEY BISCAYNE FL 33149

Title T  
Name SHERRY L. REED  
Address 50 W MASHTA DRIVE  
SUITE 6  
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:** NORMAN ROBERTS

SD

04/30/2014

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

\_\_\_\_\_  
Date