

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000003196

Entity Name: KEY BISCAYNE TENNIS ASSOCIATION, INC.**Current Principal Place of Business:**6702 CRANDON BLVD, KEY BISCAYNE, FL.
KEY BISCAYNE, FL 33149**Current Mailing Address:**6702 CRANDON BLVD, KEY BISCAYNE, FL.
KEY BISCAYNE, FL 33149 US**FEI Number:** 59-1980080**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CASTRO, NARELLE
199 OCEAN LANE DRIVE
APT 1207 1207
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:** NARELLE CASTRO

01/18/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name RIVELLA, JOHN PRES
Address 6702 CRANDON BLVD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name FESTA, PAULA DIRECTO
Address 6702 CRANDON BLVD
City-State-Zip: KEY BISCAYNE FL 33149

Title VP
Name GARITO, JON DIRE
Address 6702 CRANDON BLVD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name VIERGUTZ, JEANNEMARIE
Address 6702 CRANDON BLVD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name SCHWARTZ, BARBARA
Address 6702 CRANDON BLVD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name NOVAK, ANA
Address 6702 CRANDON BLVD
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR
Name ROBBINS, OLGA
Address 6702 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: JOHN RIVELLA

PRESIDENT

01/18/2020

Electronic Signature of Signing Officer/Director Detail

Date