

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004924

**Entity Name:** KIWANIS CLUB OF BISCAYNE BAY YOUTH FOUNDATION, INC.

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC8917813669**

**Current Principal Place of Business:**

535 BIRD ROAD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

535 BIRD ROAD  
CORAL GABLES, FL 33146

**FEI Number: 65-0748368**

**Certificate of Status Desired: No**

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

ROSINEK, JEFFREY  
535 BIRD ROAD  
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 DT  
Name SILVERMAN, SAUL H  
Address 8430 SW 170 TERRACE  
City-State-Zip: MIAMI FL 33157

Title D  
Name AABA, AARON  
Address 1575 NW 14 STREET  
City-State-Zip: MIAMI FL 33125

Title P  
Name TODD, PATON  
Address 2320 MARINA BAY DR E SUITE 207  
City-State-Zip: FT LAUDERDALE FL 33312

Title D  
Name MAYALY, ALVAREZ  
Address 13617 SW 118 PATH  
City-State-Zip: MIAMI FL 33186

Title S  
Name CHIBNIK, SEAN  
Address 690 SW 1 CT APT 1204  
City-State-Zip: MIAMI FL 33130

Title D  
Name ARNOLD, ROBERT  
Address 335 S BISCAYNE BLVD APT 305  
City-State-Zip: MIAMI FL 33131

Title PRESIDENT ELECT  
Name GAVIRIA, CARLOS  
Address 1101 BRICKELL AVE 16TH FL NORTH TOWER  
City-State-Zip: MIAMI FL 33131

Title VP  
Name RUNYON, DAVID  
Address 11098 BISCAYNE BLVD 203  
City-State-Zip: MIAMI FL 33161

**Continues on page 2**

*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: SAUL H SILVERMAN**

**TREASURER**

**02/11/2015**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name CARTENUTO, ALBERT III  
Address 1255 MARSEILLE DRIVE  
121  
City-State-Zip: MIAMI BEACH FL 33141-2829

Title DIRECTOR  
Name FUENTES, CAELOS  
Address 1 NE @ AVENUE  
200  
City-State-Zip: MIAMI FL 33132

Title DIRECTOR  
Name REICH, OREN  
Address 5262 LA GORCE DR  
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR  
Name BURGOA, SILVIA  
Address 2501 BRICKELL AVENUE  
1203  
City-State-Zip: MIAMI FL 33129

Title DIRECTOR  
Name MATUSOW, LEWIS  
Address 13002 SW 112 PLACE  
City-State-Zip: MIAMI FL 33176