

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

DOCUMENT# N96000004924

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

**FILED**  
**Apr 24, 2014**  
**Secretary of State**  
**CC6561652359**

**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 REICH, WILLIAM  
Address 138 NE 108 STREET  
City-State-Zip: MIAMI SHORES FL 33161

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

Title S  
Name ROSINEK, JEFFREY  
Address 535 BIRD RD  
City-State-Zip: CORAL GABLES FL 33146

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

*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**

**04/24/2014**

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

\_\_\_\_\_  
Date