# DOCUMENT# N96000004924

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

## **Current Principal Place of Business:**

8430 SW 170 TERRACE PALMETTO BAY, FL 33157

## **Current Mailing Address:**

8430 SW 170 TERRACE PALMETTO BAY, FL 33157 US

# FEI Number: 65-0748368

## Name and Address of Current Registered Agent:

ROSINEK, JEFFREY 535 BIRD ROAD CORAL GABLES, FL 33134 US Certificate of Status Desired: No

FILED Feb 14, 2019

Secretary of State

Date

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

## **Officer/Director Detail :**

Officer/Direc			
Title	TREASURER	Title	DIRECTOR
Name	SILVERMAN, SAUL H	Name	REICH, WILLIAM
Address	8430 SW 170 TERRACE	Address	138 NE 108 STREET
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI SHORES FL 33161
Title	PRESIDENT	Title	SECRETARY
Name	GAYOSO, KELLIE	Name	PHELAN, MICHAEL
Address	2123 SW 59 AVENUE	Address	4448 NAUTILUS DRIVE
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	MIAMI BEACH FL 33140
Title	PAST PRESIDENT	Title	DIRECTOR
Name	CALZON, CARMEN	Name	ARNOLD, ROBERT
Address	2123 SW 59 AVENUE	Address	80 SW 8 STREET SUITE 2000
City-State-Zip:	MIAMI FL 33155	City-State-Zip:	
Title	DIRECTOR	Title Name Address	PRESIDENT ELECT
Name	GALL, JAMES		HERNANDEZ, NELLIE
Address	15231 SW 74 COURT		90 EDGEWATER DRIVE
City-State-Zip:	PALMETTO BAY FL 33157		APT 1008
		City-State-Zip:	CORAL GABLES FL 33133

## 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

02/14/2019

Electronic Signature of Signing Officer/Director Detail

Date

# **Officer/Director Detail Continued :**

Title	DIRECTOR	Title	VP
Name	SCHEINBAUM, MARK	Name	FUENTES, CARLOS
Address	14888 ENCLAVE LAKES DRIVE THE ENCLAVE UNIT C-4	Address	1 NE 2 AVENUE SUITE 200
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	MIAMI FL 33132
Title	DIRECTOR	Title	DIRECTOR
Name	MATUSOW, LEWIS	Name	REICH, BRUCE
Address	13002 SW 112 PLACE	Address	5262 LA GORCE DRIVE
City-State-Zip:	MIAMI FL 33176	City-State-Zip:	MIAMI BEACH FL 33140
Title	DIRECTOR	Title	DIRECTOR
Name	ROSINEK, JEFFREY	Name	MOSS, VYONDA
Address	535 BIRD ROAD	Address	1184 NW 47 TERRACE
City-State-Zip:	CORAL GABLES FL 33146	City-State-Zip:	MIAMI FL 33127