

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 192075

Entity Name: KEY BEACH, INC.**Current Principal Place of Business:**6250 MIDNIGHT PASS ROAD
SARASOTA, FL 34242**Current Mailing Address:**C/O WISDOM COMMUNITY MANAGEMENT
PO BOX 51362
SARASOTA, FL 34232 US**FEI Number:** 59-0788246**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KOACH, KRAIG H
2750 RINGLING BOULEVARD
SUITE 3
SARASOTA, FL 34237 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	PRESIDENT
Name	CARLISLE, VAN
Address	4509 CAMINO REAL
City-State-Zip:	SARASOTA FL 34231

Title	SECRETARY
Name	ANDRUS, CAROLINE
Address	7361 TURNSTONE ROAD
City-State-Zip:	SARASOTA FL 34242

Title	OFFICER
Name	GROCHOWSKI, CASEY
Address	PO BOX 51362
City-State-Zip:	SARASOTA FL 34232

Title	VP
Name	CIRILLO, RON
Address	P.O. BOX 51362
City-State-Zip:	SARASOTA FL 34232

Title	TREASURER
Name	WOLFF, CHARLENE HEISER
Address	P.O. BOX 51362
City-State-Zip:	SARASOTA FL 34232

Title	OFFICER
Name	CREIGHTON, BJ
Address	P.O. BOX 51362
City-State-Zip:	SARASOTA FL 34232

Title	OFFICER
Name	KOACH, RANDY
Address	P.O. BOX 51362
City-State-Zip:	SARASOTA FL 34232

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VAN CARLISLE

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04/25/2023

Electronic Signature of Signing Officer/Director Detail_____
Date