

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2008 8:00 am**  
**Secretary of State**

04-17-2008 90027 039 \*\*\*\*61.25

<b>DOCUMENT # 715394</b> 1. Entity Name <b>THE SANDS OF KEY BISCAVNE ASSOCIATION, INC.</b>					
Principal Place of Business <b>605 OCEAN DR KEY BISCAVNE, FL 33149</b>			Mailing Address <b>605 OCEAN DR KEY BISCAVNE, FL 33149</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1269433</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ROBERTS, NORMAN T PA 50 WEST MASHTA DRIVE SUITE 4 KEY BISCAVNE, FL 33149</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>BRHUTINSKY, ANDREW</b> <b>613 OCEAN DR. APT 10C</b> <b>KEY BISCAVNE, FL 33149</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>PREVIANT, JONATHAN</b> <b>613 OCEAN DRIVE APT 9C</b> <b>KEY BISCAVNE, FL 33149</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>PENICHET, JOSE</b> <b>605 OCEAN DR APT 41</b> <b>KEY BISCAVNE, FL 33149</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>OLDAKOWSKI, ROBERT</b> <b>605 OCEAN DR. APT 8M</b> <b>KEY BISCAVNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>CASTELLANOS, LUIS</b> <b>605 OCEAN DR. APT 7M</b> <b>KEY BISCAVNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>FREYRE, ERNESTO</b> <b>611 OCEAN DR. APT 9F</b> <b>KEY BISCAVNE, FL 33149</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Treasurer</b> <b>Michael Nearing</b> <b>613 Ocean Dr. 9C</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Asst. Secretary</b> <b>Jorge Camps</b> <b>605 Ocean Drive #9M</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Jose Lopez, Director</b> <b>607 Ocean Dr. # 85</b> <b>Key Biscayne, FL 33149</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

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