

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90299 037 ****61.25

DOCUMENT # 715572

1. Entity Name

KEY BISCAYNE BEACH CLUB, INC.



Principal Place of Business

**685 OCEAN DRIVE
KEY BISCAYNE FL 33149**

Mailing Address

**685 OCEAN DRIVE
KEY BISCAYNE FL 33149**

14012431



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0679493

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'BRIEN, MICHAEL M.
200 GALEN DR
APT. 106
KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name **Michael M. O'Brien**

Street Address (P.O. Box Number is Not Acceptable)

150 Ocean Lane Drive 10-G

City

Key Biscayne, FL

FL

Zip Code

33149

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

Michael M. O'Brien (Michael M. O'Brien)

4/23/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **STUART, JANE**
STREET ADDRESS **730 CONTISWOOD ROAD**
CITY-ST-ZIP **MIAMI FL 33199**

TITLE **D** ☐ Delete
NAME **VERNON, ROBERT**
STREET ADDRESS **475 RIDGEWOOD RD**
CITY-ST-ZIP **KEY BISCAYNE, FL 00000 33149**

TITLE **VP** ☐ Delete
NAME **JAUREGUI, MAUREEN**
STREET ADDRESS **365 HEATHER LN**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE **D** ☐ Delete
NAME **FIGUEREDO, CELY**
STREET ADDRESS **524 RIDGEWOOD ROAD**
CITY-ST-ZIP **MIAMI FL 33199**

TITLE **T** ☒ Delete
NAME **COLE, WILLIAM J**
STREET ADDRESS **580 FERNWOOD RD**
CITY-ST-ZIP **KEY BISCAYNE FL**

TITLE **P** ☐ Delete
NAME **FRIED, MARK**
STREET ADDRESS **360 GLENRIDGE ROAD**
CITY-ST-ZIP **KEY BISCAYNE FL 33149**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **Director** ☐ Change ☒ Addition
NAME **Armando Nunez**
STREET ADDRESS **265 Glenridge Road**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE **Donna Rick** ☐ Change ☒ Addition
NAME **Donna Rick**
STREET ADDRESS **325 Redwood Lane**
CITY-ST-ZIP **Key Biscayne, FL 33149**

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE:

Mark Fried

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04 305/371 7079

Date

Daytime Phone #