

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2005 8:00 am
Secretary of State

02-17-2005 90024 015 ****61.25

DOCUMENT # 715572

1. Entity Name

KEY BISCAVNE BEACH CLUB, INC.



Principal Place of Business

685 OCEAN DRIVE
KEY BISCAVNE FL 33149

Mailing Address

685 OCEAN DRIVE
KEY BISCAVNE FL 33149

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-0679493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'BRIER, MICHAEL M
150 OCEAN LAKE DRIVE 10-G
KEY BISCAVNE FL 33149

Name

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

City

FL

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

Michael M. O'Brien

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

(NOTE: Registered Agent signature required when reinstating)

2/5/05
DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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 ~~STUART, JANE~~ ☐ Delete
NAME VERNON, ROBERT
STREET ADDRESS 475 RIDGEWOOD RD
CITY-ST-ZIP KEY BISCAVNE, FL 00000 33149

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

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

TITLE D ☐ Delete
NAME NUNEZ, ARMARDO
STREET ADDRESS 268 GLENRIDGE ROAD
CITY-ST-ZIP KEY BISCAVNE FL 33149

TITLE P ☐ Delete
NAME FRIED, MARK
STREET ADDRESS ~~300 GLENRIDGE ROAD~~ 525 WARREN LANE
CITY-ST-ZIP KEY BISCAVNE FL 33149

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

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

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

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

2/12/05

Date

305 371 7079

Daytime Phone #