

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 715572

FILED
Apr 08, 2009
Secretary of State

Entity Name: KEY BISCAYNE BEACH CLUB, INC.

Current Principal Place of Business:

685 OCEAN DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

685 OCEAN DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-0679493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'BRIEN, MICHAEL M
150 OCEAN LANE DRIVE 10-G
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KEMPER, ROBERT
Address: 774 FERNWOOD ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: GUSMAN, ROBERT
Address: 354 GLENRIDGE ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: STUART, JANE
Address: 730 CURTISWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: V () Delete
Name: MARRON, EUGENE
Address: 252 WESTWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: MACK, LOUISE M
Address: 415 WARREN LANE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: NUNEZ, ARMANDO
Address: 265 GLENRIDGE RD
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT KEMPER

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date