

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721343 (2)

1. Corporation Name

KEY BISCAYNE ATHLETIC CLUB, INC.



Principal Place of Business

VILLAGE OF KEY BISCAYNE
85 MCINTYRE STREET
KEY BISCAYNE FL 33149

Mailing Address

VILLAGE OF KEY BISCAYNE
85 MCINTYRE STREET
KEY BISCAYNE FL 33149

3. Date Incorporated or Qualified
07/13/1971

3a. Date of Last Report
04/24/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

23-7118840

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

COOPER, BONNIE L
77 CRANDON BLVD., #8A
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME COOPER, BONNIE L
STREET ADDRESS 77 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ DELETE

TITLE VD
NAME GROSS, ELAINE
STREET ADDRESS 211 ISLAND DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☒ DELETE

TITLE TD
NAME GARCIA, MAYRA
STREET ADDRESS 95 W. MCINTYRE STREET
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☒ DELETE

TITLE SD
NAME IRL, KATHY
STREET ADDRESS 143 E. ENID STREET
CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME VD
2.3 STREET ADDRESS Juan Carlos Portuondo
2.4 CITY-ST-ZIP McIntyre
Key Biscayne, FL 33149

3.1 TITLE ☒ Change ☒ Addition
3.2 NAME TD
3.3 STREET ADDRESS Silvia Tarafa
3.4 CITY-ST-ZIP 250 Galen Dr. #33
Key Biscayne, FL 33149

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96 (305) 361-7312
Date Daytime Phone #

CR2E037 (12/95)