


FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33149-1845
--	---

3. Date Incorporated or Qualified 07/13/1971	3a. Date of Last Report 04/04/1996
--	--

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 23-7118840	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COOPER, BONNIE L		1.2 NAME	
STREET ADDRESS 77 CRANDON BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAYNE FL 33149		1.4 CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCINTYRE, PORTUENDO JUAN		2.2 NAME Elaine Gross	
STREET ADDRESS 211 ISLAND DRIVE		2.3 STREET ADDRESS 211 Island Drive	
CITY-ST-ZIP KEY BISCAYNE FL		2.4 CITY-ST-ZIP Key Biscayne FL 33149	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME TARAF, SILVIA		3.2 NAME Audrey Lee Leavitt	
STREET ADDRESS 250 GALEN DR, #33		3.3 STREET ADDRESS 240 Island Dr	
CITY-ST-ZIP KEY BISCAYNE FL		3.4 CITY-ST-ZIP Key Biscayne FL 33149	
TITLE SD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME IRL, KATHY		4.2 NAME	
STREET ADDRESS 143 E. ENID STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP KEY BISCAYNE FL 33149		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME James Albridge	
STREET ADDRESS		5.3 STREET ADDRESS 596 Fernwood Road	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Key Biscayne FL 33149	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Audrey Lee Leavitt **4/25/97** **305 365-8900**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030742

CR2E037 (9/96)