

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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		Mailing Address	
VILLAGE OF KEY BISCAYNE 85 MCINTYRE STREET KEY BISCAYNE FL 33149		VILLAGE OF KEY BISCAYNE 85 MCINTYRE STREET KEY BISCAYNE FL 33149	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
		25	29

3. Date Incorporated or Qualified
07/13/1971

4. FEI Number
23-7118840

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, BONNIE L	1.2 NAME	Steven Simon
STREET ADDRESS	77 CRANDON BLVD.	1.3 STREET ADDRESS	335 Hampton Lane
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	Key Biscayne FL 33149
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, ELAINE	2.2 NAME	Nancy Stoner Miller
STREET ADDRESS	211 ISLAND DRIVE	2.3 STREET ADDRESS	620 N Maakta Drive
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	Key Biscayne FL 33149
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUDREYLEE, LEAVITT	3.2 NAME	
STREET ADDRESS	240 ISLAND DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRL, KATHY	4.2 NAME	IrL, Kathy
STREET ADDRESS	143 E. END STREET	4.3 STREET ADDRESS	260 Glenridge Road
CITY-ST-ZIP	KEY BISCAYNE FL 33149	4.4 CITY-ST-ZIP	Key Biscayne FL 33149
TITLE	PD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALDRIDGE, JAMES	5.2 NAME	
STREET ADDRESS	596 FERNWOD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	5.4 CITY-ST-ZIP	
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 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 3/12/98 305 365-8900

CFR2E037 (10/97)