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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 721343

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

07/13/1971

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

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 D ☐ DELETE

NAME COOPER, BONNIE L
STREET ADDRESS 77 CRANDON BLVD.
CITY-ST-ZIP KEY BISCAYNE FL

TITLE PD ☐ DELETE

NAME SIMON, STEVEN
STREET ADDRESS 335 HAMPTON LANE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE TD ☐ DELETE

NAME AUDREYLEE, LEAVITT
STREET ADDRESS 240 ISLAND DR.
CITY-ST-ZIP KEY BISCAYNE FL

TITLE VD ☐ DELETE

NAME IRL, KATHY
STREET ADDRESS 260 GLENRIDGE ROAD
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE SD ☐ DELETE

NAME MILLER, NANCY STONER
STREET ADDRESS 620 N. MASHTA DRIVE
CITY-ST-ZIP KEY BISCAYNE FL 33149

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Secretary ☐ Change ☒ Addition

1.2 NAME Luis Arrondo

1.3 STREET ADDRESS 350 Grapevine Dr

1.4 CITY-ST-ZIP Key Biscayne FL 33149

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Director ☒ Change ☐ Addition

5.2 NAME Miller, Nancy Stoner

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 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, with all other like empowered.

SIGNATURE:

Signature of Katherine Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/99 305365-8900
Date Daytime Phone #

CR2E037 (11/98)