


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90026 044 ****61.25

DOCUMENT # 721343	
1. Entity Name KEY BISCAIYNE ATHLETIC CLUB, INC.	

Principal Place of Business 10 VILLAGE GREEN WAY KEY BISCAIYNE, FL 33149	Mailing Address 10 VILLAGE GREEN WAY KEY BISCAIYNE, FL 33149
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312008 Chg-NP CR2E037 (12/06)

4. FEI Number 23-7118840	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
ZAYAS, ALFREDO V 600 GRAPETREE DRIVE APT. 8GN KEY BISCAIYNE, FL 33149

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VP	<input type="checkbox"/> Delete		TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALDMAN, GLEN			NAME			
STREET ADDRESS	88 WEST MC INTYRE			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, WILLIAM T			NAME			
STREET ADDRESS	300 RIDGEWOOD RD			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DE LA FUENTE, MARIANNE S			NAME			
STREET ADDRESS	250 GALEN DR #31			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZAYAS, ALFREDO V			NAME			
STREET ADDRESS	00 GRAPETREE DRIVE APT. 8GN			STREET ADDRESS			
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2-18-08** Daytime Phone # _____