

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 29, 2008
Secretary of State

DOCUMENT# 721343

Entity Name: KEY BISCAYNE ATHLETIC CLUB, INC.**Current Principal Place of Business:**10 VILLAGE GREEN WAY
KEY BISCAYNE, FL 33149**New Principal Place of Business:****Current Mailing Address:**10 VILLAGE GREEN WAY
KEY BISCAYNE, FL 33149**New Mailing Address:****FEI Number:** 23-7118840**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ZAYAS, ALFREDO V
600 GRAPETREE DRIVE
APT. 8GN
KEY BISCAYNE, FL 33149 US**Name and Address of New Registered Agent:**HALULA, NANCY
190 BUTTONWOOD DRIVE
KEY BISCAYNE, FL 33149 US

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.

SIGNATURE: NANCY HALULA

04/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: WALDMAN, GLEN
Address: 88 WEST MC INTYRE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD () Delete
Name: THOMPSON, WILLIAM T
Address: 300 RIDGEWOOD RD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: TD () Delete
Name: DE LA FUENTE, MARIANNE S
Address: 250 GALEN DR #31
City-St-Zip: KEY BISCAYNE, FL 33149

Title: SD () Delete
Name: ZAYAS, ALFREDO V
Address: 00 GRAPETREE DRIVE APT. 8GN
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: LOMBARDI, JOHN
Address: 341 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD (X) Change () Addition
Name: BAILEY, ROBERT DR.
Address: 104 CRANDON BLVD STE 300
City-St-Zip: KEY BISCAYNE, FL 33149

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: HALULA, NANCY
Address: 190 BUTTONWOOD DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN LOMBARDI

VD

04/29/2008

Electronic Signature of Signing Officer or Director

Date