

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721343

FILED
Jan 23, 2009
Secretary of State

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:

HALULA, NANCY
190 BUTTONWOOD DRIVE
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

LOMBARDI, JOHN
341 ISLAND 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: JOHN LOMBARDI

01/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change () Addition
Name: KELLOGG, JACKIE
Address: 115 SUNRISE DR. APT. 5A
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

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

PD

01/23/2009

Electronic Signature of Signing Officer or Director

Date