2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# 733492

Entity Name: KEY BISCAYNE AMBASSADOR CONDOMINIUM ASSOCIATION,INC.

Current Principal Place of Business:

575 CRANDON BLVD.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

575 CRANDON BLVD.
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1691132 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PEREZ, CARLOS
575 CRANDON BLVD
SUITE 310
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: S ( ) Delete
Name: ARRIETA, ADY
Address: 575 CRANDON BLVD. #301
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: RATHSENS, CHRIS
Address: 575 CRANDON BLVD. #404
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T ( ) Delete
Name: FENTON, MARIA
Address: 575 CRANDON BLVD. #705
City-St-Zip: KEY BISCAYNE, FL 33149

Title: P ( ) Delete
Name: PICKELL, SALLIE
Address: 320 W. MCINTYRE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: RODRIGUEZ, SHEYLA
Address: 575 CRANDON BLVD. #306
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Delete
Name: GLADYS, JASON
Address: 575 CRANDON BLVD #708
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: BERRY, KATHRYN
Address: 575 CRANDON BLVD. #710
City-St-Zip: KEY BISCAYNE, FL 33149

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

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

Title: VP (X) Change ( ) Addition
Name: RATHJENS, CHRISTOPHER
Address: 575 CRANDON BLVD. #404
City-St-Zip: KEY BISCAYNE, FL 33149

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: SALLIE PICKELL P 03/25/2009

Electronic Signature of Signing Officer or Director — Date