

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 745670**

**1. Entity Name**  
**ROTARY CLUB OF KEY BISCAVNE, INC.**



**Principal Place of Business**  
**C/O 2730 SW 3RD AVE**  
**SUITE 800**  
**MIAMI, FL 33129**

**Mailing Address**  
**C/O 2730 SW 3RD AVE**  
**SUITE 800**  
**MIAMI, FL 33129**



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
**59-1652806**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**ROBERTS, NORMAN T.**  
**50 W. MASHTA DRIVE**  
**SUITE 4**  
**KEY BISCAVNE, FL 33149**

**DO NOT WRITE  
IN THIS SPACE**

**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 renewing)

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**

**10. OFFICERS AND DIRECTORS**

|                       |                                       |
|-----------------------|---------------------------------------|
| <b>TITLE</b>          | <b>D</b>                              |
| <b>NAME</b>           | <b>COOPER, BONNIE</b>                 |
| <b>STREET ADDRESS</b> | <b>50 W MASHTA DR</b>                 |
| <b>CITY-ST-ZIP</b>    | <b>KEY BISCAVNE, FL 33149</b>         |
| <b>TITLE</b>          | <b>TD</b>                             |
| <b>NAME</b>           | <b>LOWMAN, ROBERT</b>                 |
| <b>STREET ADDRESS</b> | <b>2730 SW 3RD AVE STE 800</b>        |
| <b>CITY-ST-ZIP</b>    | <b>MIAMI, FL 33129</b>                |
| <b>TITLE</b>          | <b>PD</b>                             |
| <b>NAME</b>           | <b>BLASI, ELLEN</b>                   |
| <b>STREET ADDRESS</b> | <b>240 CRANDON BLVD</b>               |
| <b>CITY-ST-ZIP</b>    | <b>KEY BISCAVNE, FL 33149</b>         |
| <b>TITLE</b>          | <b>D</b>                              |
| <b>NAME</b>           | <b>MCGILL, RICHARD</b>                |
| <b>STREET ADDRESS</b> | <b>155 OCEAN LANE DRIVE, #813/815</b> |
| <b>CITY-ST-ZIP</b>    | <b>KEY BISCAVNE, FL 33149</b>         |
| <b>TITLE</b>          | <b>D</b>                              |
| <b>NAME</b>           | <b>GOLDSTEIN, JULIAN</b>              |
| <b>STREET ADDRESS</b> | <b>240 CRANDON BLVD., SUITE 211</b>   |
| <b>CITY-ST-ZIP</b>    | <b>KEY BISCAVNE, FL 33149</b>         |
| <b>TITLE</b>          |                                       |
| <b>NAME</b>           |                                       |
| <b>STREET ADDRESS</b> |                                       |
| <b>CITY-ST-ZIP</b>    |                                       |

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01/15/08-80011-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

**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

**ROBERT M. LOWMAN**  
**TREAS.**

**8 JAN 2008**

Date

Daytime Phone #

**305 856-8500**