

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746078

**FILED**  
**Feb 25, 2010**  
**Secretary of State**

**Entity Name:** THE PROFESSIONALS' BUILDING OF KEY BISCAYNE, INC.

**Current Principal Place of Business:**

50 W. MASHTA DR., SUITE 4  
KEY BISCAYNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

50 W. MASHTA DR., SUITE 4  
KEY BISCAYNE, FL 33149

**New Mailing Address:**

**FEI Number:** 59-2126150

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROBERTS, NORMAN T., ESQ.  
50 W. MASHTA DR., SUITE 4  
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: SD  
Name: ROBERTS, NORMAN T.  
Address: 1121 CRANDON BLVD.,#E408  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD  
Name: RICHARD A. REED  
Address: 50 WEST MASHTA DR., SUITE 6  
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T  
Name: SHERRY L. REED  
Address: 50 WEST MASHTA DR., SUITE 6  
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: NORMAN ROBERTS

SD

02/25/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date