ANNUAL REPORT

FILED
Feb 16, 2006 08:00 AM
Secretary of State

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1. Entity Name
KIWANIS CLUB OF AVENTURA, INC.

Principal Place of Business
2785 NE 183RD STREET
AVENTURA, FL 33160

Mailing Address
C/O BISCAYNE INSTITUTES OF HEALTH & LIVING
2785 NE 183RD STREET
AVENTURA, FL 33160

02132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
65-1034846

Applied For
Not Applicable

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

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6. Name and Address of Current Registered Agent

PINDER, THOMAS K DR.
18010 NE 10TH AVE
NORTH MIAMI BEACH, FL 33162

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	PINDER, THOMAS K DR.
STREET ADDRESS	18010 NE 10TH AVE
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33162
TITLE	VP
NAME	DICOWDEN, MARIE DR
STREET ADDRESS	3610 YACHT CLUB DR #1108
CITY-ST-ZIP	AVENTURA, FL 33180
TITLE	SEC
NAME	FERGUSON, TATIANA
STREET ADDRESS	1075 NW 83RD STREET
CITY-ST-ZIP	MIAMI, FL 33150
TITLE	TREA
NAME	PONCE, ANA
STREET ADDRESS	1180 NE 161ST TERRACE
CITY-ST-ZIP	NORTH MIA MI BEACH, FL 33162
TITLE	D
NAME	PARKER, ANTONIO
STREET ADDRESS	55 NE 192ND STREET
CITY-ST-ZIP	MIAMI, FL 33179
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/27/06-80034-002 61.25

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas K. Pinder 2/14/06 (305) 651-650