

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003549

FILED
May 01, 2009
Secretary of State

Entity Name: PRESERVE OUR KEY BISCAYNE, INC.

Current Principal Place of Business:

30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

30 WEST MASHTA DRIVE
SUITE 400
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

PUYANIC, MAX D
30 WEST MASHTA DRIVE
SUITE 400
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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete
Name: PUYANIC, MAX D
Address: 30 WEST MASHTA DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: VP () Delete
Name: DE LA CRUZ, CARLOS SR.
Address: 5 HARBOR POINT
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: T () Delete
Name: PADILLA, JULIO
Address: 325 ATLANTIC ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: S () Delete
Name: DAVITIAN, LINDA
Address: 720 MYRTLEWOOD LANE
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: D () Delete
Name: DESCHAPELLES, CARLOS
Address: 390 ATLANTIC ROAD
City-St-Zip: KEY BISCAYNE, FL 33149

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

Title: D () Delete
Name: PINEDO, MARY JO
Address: 365 ATLANTIC ROAD
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: MAX D PUYANIC

DIR

05/01/2009

Electronic Signature of Signing Officer or Director

Date