

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42258

FILED
Apr 23, 2007
Secretary of State

Entity Name: THE PYRAMIDS AT KEY BISCAYNE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

50 OCEAN LANE DR.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

50 OCEAN LANE DR.
KEY BISCAYNE, FL 33149

New Mailing Address:

P.O. BOX 490720
KEY BISCAYNE, FL 33149

FEI Number: 59-2271960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELE AND ASSOCIATES
800 CRANDON BLVD., STE 102
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: VD () Delete
Name: ACHAVAL, MIKEL
Address: 50 OCEAN LN DR #401
City-St-Zip: KEY BISCAYNE, FL 33149

Title: PD () Delete
Name: SOSA, ORLANDO
Address: 50 OCEAN LANE DR #301
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: ORLICH, MONICA
Address: 50 OCEAN LANE DR 208
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: CAFFERRY, BRIAN
Address: 50 OCEAN LANE DR 601
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T () Delete
Name: VILLARREAL, LAURE
Address: 50 OCEAN LANE DR 104
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ORLANDO SOSA

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date