2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2006
Secretary of State

DOCUMENT# 719987

Entity Name: THE TOWERS OF KEY BISCAYNE, INC.

Current Principal Place of Business:

1121 CRANDON BLVD
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

1121 CRANDON BLVD
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1409911 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SKRLD, INC.
201 ALHAMBRA CIRCLE, STE 1102
CORAL GABLES, FL 33134 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: P ( ) Delete
Name: WEINGAST, ELEANOR
Address: 1121 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP ( ) Delete
Name: OWEN, ALISON
Address: 1111 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S ( ) Delete
Name: LOPEZ, MARIO
Address: 1121 CRANDON BLVD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T ( ) Delete
Name: DEUTSCH, MORRIS
Address: 1111 CRANDON BLVD
City-St-Zip: KEY BISCAYNE,, FL 33149

Title: D ( ) Delete
Name: DOMINGUEZ, ELSA
Address: 1111 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D ( ) Delete
Name: JOEL, GARCIA
Address: 1121 CRANDON BLVD
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:

Title: D (X) Change ( ) Addition
Name: ROBIN, OLGA
Address: 1121 CRANDON BLVD
City-St-Zip: KEY BISCAYNE, FL 33149

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: ELEANOR WEINGAST P 03/24/2006

Electronic Signature of Signing Officer or Director Date