

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 719987

**FILED**  
**Apr 25, 2013**  
**Secretary of State**  
**CC8766922356**

**Entity Name:** THE TOWERS OF KEY BISCAYNE, INC.

**Current Principal Place of Business:**

1121 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

1121 CRANDON BLVD  
KEY BISCAYNE, FL 33149

**FEI Number: 59-1409911**

**Certificate of Status Desired: No**

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

SKRLD, INC.  
201 ALHAMBRA CIRCLE, STE 1102  
CORAL GABLES, FL 33134 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

**Officer/Director Detail :**

Title            PRES  
Name            PINILLA, MARTIN  
Address        1121 CRANDON BLVD  
City-State-Zip: KEY BISCAYNE FL 33149

Title            VP  
Name            OWEN, ALISON  
Address        1111 CRANDON BLVD  
City-State-Zip: KEY BISCAYNE FL 33149

Title            D  
Name            LOPEZ, MARIO  
Address        1121 CRANDON BLVD.  
City-State-Zip: KEY BISCAYNE FL 33149

Title            ASST. TREASURER  
Name            MARCHI, ARMANDO  
Address        1111 CRANDON BLVD  
City-State-Zip: KEY BISCAYNE, FL 33149

Title            SECRETARY  
Name            ROSENBLUM, JUDY  
Address        1121 CRANDON BLVD  
City-State-Zip: KEY BISCAYNE FL 33149

Title            ASST. SECRETARY  
Name            BACALLAO, CLARA  
Address        1121 CRANDON BLVD  
City-State-Zip: KEY BISCAYNE FL 33149

Title            DIRECTOR  
Name            PEREZ, MARCOS  
Address        1121 CRANDON BLVD  
City-State-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: ALISON OWEN**

**VICE PRESIDENT**

**04/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date