

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000008905

**FILED  
Apr 30, 2014  
Secretary of State  
CC7865604038**

**Entity Name:** KEY BISCAYNE BAR ASSOCIATION CORP.

**Current Principal Place of Business:**

240 CRANDON BLVD.  
SUITE 248  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

240 CRANDON BLVD.  
SUITE 248  
KEY BISCAYNE, FL 33149

**FEI Number:** 46-3832338

**Certificate of Status Desired:** No

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

LESHAW, JAMES  
240 CRANDON BLVD.  
SUITE 248  
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

**Officer/Director Detail :**

Title P  
Name LESHAW, JAMES  
Address 240 CRANDON BLVD., SUITE 248  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name KELLOGG, JOSEPH  
Address 115 SUNRISE DRIVE, APT. 5A  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name FLIK, YORK  
Address 121 MAJORCA AVENUE, SUITE 300  
City-State-Zip: CORAL GABLES FL 33134

Title VP  
Name DECASTRO, KRISTA  
Address ONE SE 3RD AVE., SUITE 2500  
City-State-Zip: MIAMI FL 33149

Title DIRECTOR  
Name SELTZER, SALLY H  
Address 230 GREENWOOD DRIVE  
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:** JAMES P. S. LESHAW

**PRESIDENT**

**04/30/2014**

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

\_\_\_\_\_  
Date