

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718402 (1)
1. Corporation Name
KEY BISCAYNE'S COMMODORE CLUB CONDOMINIUM 1, INC



Principal Place of Business Mailing Address
**177 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149** **177 OCEAN LANE DRIVE
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified **04/28/1970** 3a. Date of Last Report **02/22/1995**
4. FEI Number **59-1359766** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**LITTLE, FRANK M.
177 OCEAN LANE DR
KEY BISCAYNE, FL
33149**

10. Name and Address of New Registered Agent
81 Name **THE CONTINENTAL GROUP INC.**
82 Street Address (P.O. Box Number is Not Acceptable)
177 OCEAN LANE DR
83 **KEY BISCAYNE FL 33149**
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Michael Esprea* **Michael Esprea, P.** DATE: **3/5/96**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HARRISON	
STREET ADDRESS	177 OCEAN LANE DR	
CITY - ST - ZIP	KEY BISCAYNE, FL 00000	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, STEVE	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	CURIEL, RAMON	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	HODGSON, MARION	
STREET ADDRESS	177 OCEAN LANE DR	
CITY - ST - ZIP	KEY BISCAYNE, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MATTISON, JULIUS	
STREET ADDRESS	177 OCEAN LANE DR	
CITY - ST - ZIP	KEY BISCAYNE, FL 00000	
TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BECKER, THEODOR	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY - ST - ZIP	KEY BISCAYNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ALEXIS WESTER	
1.3 STREET ADDRESS	177 OCEAN LANE DR	
1.4 CITY - ST - ZIP	KEY BISCAYNE FL 33149	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	EDITH ROSEN	
2.3 STREET ADDRESS	177 OCEAN LANE DR	
2.4 CITY - ST - ZIP	KEY BISCAYNE FL 33149	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CURIEL, RAMON	
3.3 STREET ADDRESS	177 OCEAN LANE DR	
3.4 CITY - ST - ZIP	KEY BISCAYNE FL 33149	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BECKER, THEODORE	
4.3 STREET ADDRESS	177 OCEAN LANE DR	
4.4 CITY - ST - ZIP	KEY BISCAYNE FL 33149	
5.1 TITLE	700001740791	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-03/13/96--01020--021	
5.3 STREET ADDRESS	***61.25	
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marion Hodgson* **Marion Hodgson, President** Date: **Jan 19, 1996** (805) 361-1656
Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E037 (12/95)