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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
177 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149
177 OCEAN LANE DRIVE KEY BISCAIYNE FL 33149-1437

3. Date Incorporated or Qualified 04/28/1970
3a. Date of Last Report 03/11/1996
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 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 29 Zip 30 Country

9. Name and Address of Current Registered Agent
THE CONTINENTAL GRP ,
177 OCEAN LANE DR
KEY BISCAIYNE FL 33149

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE S
NAME WESTER, ALEXIS
STREET ADDRESS 177 OCEAN LANE DR
CITY-ST-ZIP KEY BISCAIYNE FL 33149
TITLE D
NAME ROSEN, EDITH
STREET ADDRESS 177 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL 33149
TITLE VP
NAME CURIEL, RAMON
STREET ADDRESS 177 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL 33149
TITLE PD
NAME HODGSON, MARION
STREET ADDRESS 177 OCEAN LANE DR
CITY-ST-ZIP KEY BISCAIYNE FL
TITLE T
NAME MATTISON, JULIUS
STREET ADDRESS 177 OCEAN LANE DR
CITY-ST-ZIP KEY BISCAIYNE FL
TITLE D
NAME BECKER, THEODORE
STREET ADDRESS 177 OCEAN LANE DRIVE
CITY-ST-ZIP KEY BISCAIYNE FL 33149

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE D
2.2 NAME RITSON, JESS
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE VP
3.2 NAME ALBERT, GEORGE
3.3 STREET ADDRESS 177 OCEAN LANE DRIVE
3.4 CITY-ST-ZIP KEY BISCAIYNE, FL 33149
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ASSISTANT TREASURER
5.2 NAME GALDO, GUSTAVO
5.3 STREET ADDRESS 177 OCEAN LANE DRIVE
5.4 CITY-ST-ZIP KEY BISCAIYNE, FL 33149
6.1 TITLE TREASURER
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* Feb 11, 97 305-361-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030701

CR2E037 (9/96)