


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90016 008 ****61.25

DOCUMENT # 718402	
1. Entity Name KEY-BISCAYNE'S COMMODORE CLUB CONDOMINIUM 1, INC.	

Principal Place of Business 177 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149	Mailing Address 177 OCEAN LANE DRIVE KEY BISCAYNE, FL 33149
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24003693



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01062004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent LERNER, LISA P.A 201 ALUANBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33144	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE	DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> Delete
NAME	WESTER, ALEXIS
STREET ADDRESS	177 OCEAN LANE DR
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	S <input checked="" type="checkbox"/> Delete
NAME	CZAHAR, RENE
STREET ADDRESS	177 OCEAN LANE DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	VP <input type="checkbox"/> Delete
NAME	RUIZ, EDUARDO
STREET ADDRESS	177 OCEAN LANE DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	D <input type="checkbox"/> Delete
NAME	HODGSON, MARION
STREET ADDRESS	177 OCEAN LANE DR
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	AT <input type="checkbox"/> Delete
NAME	GALDO, GUSTAVO
STREET ADDRESS	177 OCEAN LANE DR
CITY-ST-ZIP	KEY BISCAYNE, FL
TITLE	D <input type="checkbox"/> Delete
NAME	VALENTINI, BARBARA
STREET ADDRESS	177 OCEAN LN. DR.
CITY-ST-ZIP	KEY BISCAYNE, FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Celia Von Sprecht
STREET ADDRESS	177 OCEAN LANE DRIVE
CITY-ST-ZIP	KEY BISCAYNE, FL 33149
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.	
SIGNATURE: ALEXIS WESTER	01-15-04