

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90147 011 ****61.25

DOCUMENT # 718402

1. Entity Name
KEY BISCAYNE'S COMMODORE CLUB CONDOMINIUM 1, INC



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

20018440



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1359766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LERNER, LISA P.A
201 ALUANBRA CIRCLE SUITE 1102
CORAL GABLES FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 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	T	<input checked="" type="checkbox"/> Delete
NAME	BECKER, THEODORE	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	ASST TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Reg Day	
STREET ADDRESS	177 Ocean Lane Drive	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Zollo	
STREET ADDRESS	177 Ocean Lane Drive	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANFRED ADAMI	
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		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Valentini	
STREET ADDRESS	177 Ocean Lane Drive	
CITY-ST-ZIP	Key Bisc. Fla	

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 **ALEXIS WESTER**

01-21-03

305-361-1656

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)