## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 727354

(3)

Mailing Address

## KEY BISCAYNE ONE HUNDRED CONDOMINIUM ASSOCIATION , INC.

100 OCEAN LANE DRIVE #104 KEY BISCAYNE FL 33149		100 OCEAN LANE DRIVE #104 KEY BISCAYNE FL 33149-1415		3. Date Incorporated or Qualified 09/05/1973	3a. Date of Last Report 04/22/1996	
2. Principal Pl	ace of Business	2a. Maiting Address		4. FEI Number	Applied For	
21		26		59-1521879	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Ζιρ <b>24</b>	Country 25	Zip Coun 29 30		try	8. This corporation has liability for intangible tax under s. 199,032, Florida Statutes	
	9. Name and Address of Currer	nt Registered Agent		31 Name	10. Name and Address of New Re	gistered Agent
DOITE 4	FC BALL		Ľ			
PRITZLAFF, PAUL 100 OCEAN LANE DR., #501			[i	Street Add	lress (P.O. Box Number is Not Acceptab	le)
	CAYNE FL 33149		l <sub>ī</sub>	33		
KET DIO	UATRE LE SO 148		Ļ	M 63		lest 7:- 0
			['	City		FL 85 Zip Code
11. Pursuant to office or reagent. I as	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig	22 and 617.1508, Florida Statu of Florida. Such change was ations of, Section 617.0503, Fl	tes, the ab authorized orida Statu	ove-named corpora by the corpora tes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE		4.00				b a tri
12.	Signature typed or printed name of registered age OFFICERS AN	ent and title if applicable (NO D DIRECTORS	13.	Agent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	DATE CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITI	E	NOOTH THE TOTAL OF THE	☐ Change ☐ Addition
NAME	DE ONA, JORGE A.		1.2 NAJ	AE .		
STREET ADDRESS	100 OCÉAN LN DR. PH-2		1.3 STR	EET ADDRESS		
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CIT	r-ST-ZIP		
TITLE	D ,	☐ DELETE	2.1 TiTl	E		Change Addition
NAME	PRITZLAFF, PAUL		2.2 NAF	AE		
STREET ADDRESS	100 OCEAN LN DR. #501		2.3 STR	eet address		
CITY-ST-ZIP	KEY BISCAYNE FL	□ pc₁ pvc		Y-ST-ZIP		D Alexander D Address
TITLE	DST CARRADY DOM	☐ DELETE	3.1 111			Change Addition
NAME CYPEST ADDRESS	CASSADY, DON 100 OCEAN UN DR. #403		3.2 NA			
STREET ADDRESS CITY-ST-ZIP	KEY BISCAYNE FL			EET ADDRESS Y-ST-ZIP		
TITLE	D	DELETE	4.1 TITE			☐ Change ☐ Addition
NAME	ALEXANDER-ROMANACH		4. 2 NA	Į.		- · -
STREET ADDRESS	100 OCEAN LN DR. #305		4.3 STF	EET ADDRESS		
C(TY-ST-ZIP	KEY BISCAYNE FL		4.4 CIT	Y-ST-ZIP		
TITLE		☐ DELETE	5.1 TIT	.E	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAI	AE		
STREET ADDRESS			5.3 STF	EET ADORESS		
CITY-ST-ZIP				Y-ST-ZIP		The state of the s
TITLE		☐ DELETE	6.1 TIT			Change Addition
NAME			6.2 NA			
STREET ADDRESS				EET ADDRESS		
CITY - ST - ZIP			■ 6.4 CIT	Y - 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. (DOWALDED CASSACY)

SIGNATURE:

**FILED** 

Feb 10 1997 8:00am

Secretary of State