

FILE NOW: FILING FEE IS \$61.25

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Feb 02, 1999 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02-02-1999 90013 017 *****61.25

DOCUMENT # 727354

Corporation Name
KEY BISCAYNE ONE HUNDRED CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business
100 OCEAN LANE DRIVE
#104
KEY BISCAYNE FL 33149

Mailing Address
100 OCEAN LANE DRIVE
#104
KEY BISCAYNE FL 33149



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/05/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1521879	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CASSADY, DONALD G 100 OCEAN LANE DR, #403 KEY BISCAYNE FL 33149				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	09/05/1973 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ONA, JORGE A.	1.2 NAME	
STREET ADDRESS	100 OCEAN LN DR. PH-2	1.3 STREET ADDRESS	59-1521879
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, DON	2.2 NAME	
STREET ADDRESS	100 OCEAN LN DR. #403	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALEXANDER-ROMANACH	3.2 NAME	
STREET ADDRESS	100 OCEAN LN DR. #305	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	09/05/1973 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ONA, JORGE A.	5.2 NAME	
STREET ADDRESS	100 OCEAN LN DR. PH-2	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	5.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	6.1 TITLE	59-1521879 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: _____ DATE: 1/15/99 DAYTIME PHONE #: 305-361-2011

CR2E037 (1/198)