

**2001 UNIFORM BUSINESS REGISTER (UBR)**

**FILED**  
**Mar 29, 2001 8:00 am**  
**Secretary of State**

03-06-2001 90318 021 \*\*\*\*61.25

**DOCUMENT # 727354**  
 1. Entity Name  
**KEY BISCAIYNE ONE HUNDRED CONDOMINIUM ASSOCIATION**

Principal Place of Business 100 OCEAN LANE DRIVE #104 KEY BISCAIYNE FL 33149	Mailing Address 100 OCEAN LANE DRIVE #104 KEY BISCAIYNE FL 33149
---	---

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



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-1521879</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**CASSADY, DONALD G**  
 100 OCEAN LANE DR, #403  
 KEY BISCAIYNE FL 33149

7. Name and Address of New Registered Agent  
 Name: **Alina Casa**  
 Street Address (P.O. Box Number is Not Acceptable): **100 OCEAN LN DR #302**  
 City: **Key Biscayne** FL Zip Code: **33149**

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.  
 SIGNATURE: *[Signature]* DATE: **2/13/01**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25  
 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees  
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME PD DE ONA, JORGE A. STREET ADDRESS 100 OCEAN LN DR. PH-2 CITY-ST-ZIP KEY BISCAIYNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME DST CASSADY, DON STREET ADDRESS 100 OCEAN LN DR. #403 CITY-ST-ZIP KEY BISCAIYNE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME D <b>PRESIDENT</b> ALEXANDER-ROMANACH STREET ADDRESS 100 OCEAN LN DR. #305 CITY-ST-ZIP KEY BISCAIYNE FL	<input type="checkbox"/> Delete
TITLE NAME D <b>Vice President/Treasurer</b> CARLOS NIETO STREET ADDRESS 100 OCEAN LN DR. #405 CITY-ST-ZIP KEY BISCAIYNE, FL	<input type="checkbox"/> Delete
TITLE NAME D <b>Secretary</b> Alina Casa STREET ADDRESS 100 OCEAN LN DR #302 CITY-ST-ZIP Key Biscayne, FL	<input type="checkbox"/> Delete
TITLE NAME OFFICER VINCENT BROGNA STREET ADDRESS 100 OCEAN LN DR #308 CITY-ST-ZIP Key Biscayne, FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME OFFICER EILEEN PRITZLAFF STREET ADDRESS 100 OCEAN LN DR #501 CITY-ST-ZIP Key Biscayne, FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D <b>PRESIDENT</b> ALEXANDER ROMANACH STREET ADDRESS 100 OCEAN LANE DR #305 CITY-ST-ZIP Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D <b>Vice President/Treasurer</b> CARLOS NIETO STREET ADDRESS 100 OCEAN LANE DR #405 CITY-ST-ZIP Key Biscayne, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME D <b>Secretary</b> Alina Casa STREET ADDRESS 100 OCEAN LANE DR #302 CITY-ST-ZIP Key Biscayne, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME OFFICER VINCENT BROGNA STREET ADDRESS 100 OCEAN LN DR #308 CITY-ST-ZIP Key Biscayne, FL 33149	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *[Signature]* DATE: **2/13/01**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20037 (10/00)