

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 08, 2004 8:00 am**  
**Secretary of State**

04-08-2004 90047 007 \*\*\*\*61.25

**DOCUMENT # 727354**

1. Entity Name

**KEY BISCAIYNE ONE HUNDRED CONDOMINIUM  
ASSOCIATION, INC.**



Principal Place of Business

**100 OCEAN LANE DRIVE  
#104  
KEY BISCAIYNE FL 33149**

Mailing Address

**100 OCEAN LANE DRIVE  
#104  
KEY BISCAIYNE FL 33149**

**54028844**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1521879**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CARRILLO, JANETTE P MGR  
100 OCEAN LANE DR  
OFFICE  
KEY BISCAIYNE FL 33149**

7. Name and Address of New Registered Agent

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  
Due By May 1, 2004**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ROMANACH, ALEXANDER	
STREET ADDRESS	100 OCEAN LN DR. #305	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	DVPT	<input type="checkbox"/> Delete
NAME	NIETO, CARLOS	
STREET ADDRESS	100 OCEAN LANE DR #405	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	FADUL, PABLO	
STREET ADDRESS	100 OCEAN LANE DRIVE #204	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	CASSADY, DONALD	
STREET ADDRESS	100 OCEAN LANE DRIVE #403	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE ONA, JORGE	
STREET ADDRESS	100 OCEAN LANE DRIVE PH #2	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		<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		<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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JANETTE P CARRILLO**  
Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_