


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 08, 2007 8:00 am  
Secretary of State

02-08-2007 90038 017 \*\*\*\*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**



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02052007 Chg-NP CR2E037 (12/08)

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**

*← Delete.*

7. Name and Address of New Registered Agent

Name **Alexander Romanach**

Street Address (P.O. Box Number is Not Acceptable)  
**100 ocean lane Drive  
Unit 305 # 306**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Alexander Romanach** DATE **2/5/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007

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	
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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 exemptions contained in Chapter 119, 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 X **Donald M. Cassidy**