


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90369 018 \*\*\*\*61.25

<b>DOCUMENT # 727354</b>					
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		04222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1521879	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROMANACH, ALEXANDER 100 OCEAN LANE DR UNIT 305 & 306 KEY BISCAIYNE, FL 33149			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROMANACH, ALEXANDER		NAME		
STREET ADDRESS	100 OCEAN LN DR. #305		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	DVPT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIETO, CARLOS		NAME		
STREET ADDRESS	100 OCEAN LANE DR #405		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FADUL, PABLO		NAME	Eileen Pritzlaff	
STREET ADDRESS	100 OCEAN LANE DRIVE #204		STREET ADDRESS	100 Ocean Lane Drive	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSADY, DONALD		NAME		
STREET ADDRESS	100 OCEAN LANE DRIVE #403		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE ONA, JORGE		NAME		
STREET ADDRESS	100 OCEAN LANE DRIVE PH #2		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: _____		_____		_____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	