
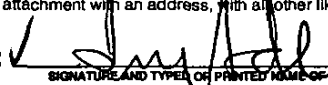


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90282 030 ****61.25

DOCUMENT # 737845			
1. Entity Name KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 201 CRANDON BLVD KEY BISCAVNE, FL 33149 US		Mailing Address 201 ALHAMBRA CIRCLE, #1102 CORAL GABLES, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04202005		Chg-NP CR2E037 (10/03)	
4. FEI Number 54-1074384		Applied For <input type="checkbox"/> 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	
HELIO DE LA TORRE 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2005		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	
T NAME: PADILLA, ROSARIO STREET ADDRESS: 201 CRANDON BLVD CITY-ST-ZIP: KEY BISCAVNE, FL 33149	<input type="checkbox"/> Delete	VP NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP NAME: ADLER, IRVING STREET ADDRESS: 201 CRANDON BLVD 832 CITY-ST-ZIP: KEY BISCAVNE, FL	<input type="checkbox"/> Delete	P NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME: LABARRAQUE, JORGE STREET ADDRESS: 201 CRANDON BLVD #1228 CITY-ST-ZIP: KEY BISCAVNE, FL	<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME: SUAREZ, CONCHITA STREET ADDRESS: 201 CRANDON BLVD, #641 CITY-ST-ZIP: KEY BISCAVNE, FL	<input type="checkbox"/> Delete	T NAME: Aboud, Joseph STREET ADDRESS: 201 Crandon Blvd #824 CITY-ST-ZIP: Key Biscayne, FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P NAME: NEMTZOW, BERNARD STREET ADDRESS: 201 CRANDON BLVD #1037/1 CITY-ST-ZIP: KEY BISCAVNE, FL	<input type="checkbox"/> Delete	D NAME: [Blank] STREET ADDRESS: [Blank] CITY-ST-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
[Blank]	<input type="checkbox"/> Delete	[Blank]	<input type="checkbox"/> Change <input 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: 		Date: 4/20/05 Daytime Phone #: 305-361-5725	