

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **737846** (6)

1. Corporation Name
KEY COLONY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**235 CRANDON BLVD
KEY BISCAYNE FL 33149**

Mailing Address
**235 CRANDON BLVD
KEY BISCAYNE FL 33149**

3. Date Incorporated or Qualified **01/14/1977** 3a. Date of Last Report **05/01/1995**

4. FEI Number **54-1074387** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip 28. Zip Country 29. Zip Country

24. 25. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KALLICHE, ANTHONY
BLUE LAGOON CORPORATE CENTER
6161 BLUE LAGOON DRIVE #250
MIAMI FL 33126**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	ADLER, IRVING	
STREET ADDRESS	201 CRANDON BLVD. #832	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KREISBERG, IRVING	
STREET ADDRESS	251 CRANDON BLVD. #500	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUAREZ, CONCHITA	
STREET ADDRESS	201 CRANDON BLVD. #641	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	JACOBS, JOHN	
STREET ADDRESS	251 CRANDON BLVD., #1030	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SECHER, JUDITH	
STREET ADDRESS	151 CRANDON BLVD. #320	
CITY - ST - ZIP	KEY BISCAYNE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KANE, SARA	
STREET ADDRESS	151 CRANDON BLVD., #738	
CITY - ST - ZIP	KEY BISCAYNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KANE, SARA	
1.3 STREET ADDRESS	151 CRANDON BLVD. UNIT 738	
1.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149	
2.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	KREISBERG, IRVING	
2.3 STREET ADDRESS	251 CRANDON BLVD. UNIT 500	
2.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUAREZ, CONCHITA	
3.3 STREET ADDRESS	201 CRANDON BLVD. UNIT 641	
3.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JACOBS, JOHN	
4.3 STREET ADDRESS	251 CRANDON BLVD. UNIT 1030	
4.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CAMEJO, ANTONIO	
5.3 STREET ADDRESS	151 CRANDON BLVD. UNIT 145	
5.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149	
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHARENBERG, FRITZ	
6.3 STREET ADDRESS	240 CRANDON BLVD. UNIT 106	
6.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Conchita Suarez* 1/23/96 361 1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)

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Suite, Apt. #, etc.
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MIAMI FL 33128**

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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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TITLE	VP <input type="checkbox"/> DELETE
NAME	KANE, SARA
STREET ADDRESS	151 CRANDON BLVD., #738
CITY-ST-ZIP	KEY BISCAIYNE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ADLER, IRVING
1.3 STREET ADDRESS	201 CRANDON BLVD. UNIT 832
1.4 CITY-ST-ZIP	KEY BISCAIYNE, FL 33149
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: *Conchita Suarez* **1/23/96** **3611815**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)