

FILE NOW: FILING FEE IS \$61.25

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Feb 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 737846 (6)
1. Corporation Name
KEY COLONY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address
235 CRANDON BLVD KEY BISCAYNE FL 33149
235 CRANDON BLVD KEY BISCAYNE FL 33149-1544

3. Date Incorporated or Qualified 01/14/1977
3a. Date of Last Report 02/01/1996
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
KALLICHE, ANTHONY
BLUE LAGOON CORPORATE CENTER
6161 BLUE LAGOON DRIVE #250
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name JOE MAURA
82 Street Address (P.O. Box Number is Not Acceptable) 235 CRANDON BLVD
83
84 City Key Biscayne FL 85 Zip Code 33149

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 office 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: Joe Maura (Signature) 2/12/96 DATE
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KANE, SARA
STREET ADDRESS	151 CRANDON BLVD, UNIT 738
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	KREISBERG, IRVING
STREET ADDRESS	251 CRANDON BLVD. #500
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	SUAREZ, CONCHITA
STREET ADDRESS	201 CRANDON BLVD. #641
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	T <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	CAMEJO, ANTONIO
STREET ADDRESS	151 CRANDON BLVD, UNIT 145
CITY-ST-ZIP	KEY BISCAYNE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SCHARENBERG, FRITZ
STREET ADDRESS	240 CRANDON BLVD., UNIT 108
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	IRVING KREISBERG
1.3 STREET ADDRESS	251 CRANDON BLVD #500
1.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149
2.1 TITLE	V-PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANTHONY MARSHALL
2.3 STREET ADDRESS	161 CRANDON BLVD #417
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	IRVING ADLER
3.3 STREET ADDRESS	201 CRANDON BLVD #832
3.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149
4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LIONEL SACKS
4.3 STREET ADDRESS	151 CRANDON BLVD
4.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149
5.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ANTONIO GAMEJO
5.3 STREET ADDRESS	151 CRANDON BLVD
5.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149
6.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	FRITZ SCHARENBERG
6.3 STREET ADDRESS	240 CRANDON BLVD #212
6.4 CITY-ST-ZIP	KEY BISCAYNE FL 33149

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: LIONEL SACKS (Signature) 01/31/97 DATE 361-6242 DAYTIME PHONE # 0030737

CR2E037 (9/96)