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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 737846

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/14/1977

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

~~54-1074387~~

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAURA, JOE
 235 CRANDON BLVD
 6161 BLUE LAGOON DRIVE #250
 KEY BISCAYNE FL 33014

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** DELETE
 NAME **MARSHALL, ANTHONY G**
 STREET ADDRESS **161 CRANDON BLVD, UNIT 417**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

1.1 TITLE **PRESIDENT** Change Addition
 1.2 NAME **IRVING ADLER**
 1.3 STREET ADDRESS **201 CRANDON BLVD. UNIT 832**
 1.4 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **VP** DELETE
 NAME **ADLER, IRVING**
 STREET ADDRESS **201 CRANDON BLVD, UNIT 832**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

2.1 TITLE **VICE-PRESIDENT** Change Addition
 2.2 NAME **JOHN W. JACOBS**
 2.3 STREET ADDRESS **251 CRANDON BLVD. UNIT 1030**
 2.4 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **S** DELETE
 NAME **JACOBS, JOHN W**
 STREET ADDRESS **251 CRANDON BLVD, UNIT 1030**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

3.1 TITLE **SECRETARY** Change Addition
 3.2 NAME **ALICIA KOENIG**
 3.3 STREET ADDRESS **161 CRANDON BLVD. UNIT 211**
 3.4 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **T** DELETE
 NAME **SACKS, LIONEL A**
 STREET ADDRESS **151 CRANDON BLVD, UNIT 422**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

4.1 TITLE **TREASURER** Change Addition
 4.2 NAME **LIONEL A. SACKS**
 4.3 STREET ADDRESS **151 CRANDON BLVD. UNIT 422**
 4.4 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **D** DELETE
 NAME **KOENIG, ALICIA**
 STREET ADDRESS **240 CRANDON BLVD, UNIT 212**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

5.1 TITLE **DIRECTOR** Change Addition
 5.2 NAME **LINDA MAKOWSKY**
 5.3 STREET ADDRESS **201 CRANDON BLVD. UNIT 533**
 5.4 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **D** DELETE
 NAME **ESTEVE, HECTOR**
 STREET ADDRESS **201 CRANDON BLVD, UNIT 328**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

6.1 TITLE **DIRECTOR** Change Addition
 6.2 NAME **IRVING KREISBERG**
 6.3 STREET ADDRESS **251 CRANDON BLVD. UNIT 500**
 6.4 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Irving Adler 1/20/99 305-361-6657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)