

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737846

1. Entity Name

KEY COLONY HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90066 016 \*\*\*\*70.00

Principal Place of Business 235 CRANDON BLVD KEY BISCAYNE FL 33149	Mailing Address 235 CRANDON BLVD KEY BISCAYNE FL 33149-1544
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>54-1074387</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input type="checkbox"/> Delete <b>ADLER, IRVING</b> <b>201 CRANDON BLVD., UNIT 832</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input type="checkbox"/> Delete <b>JACOBS, JOHN W</b> <b>251 CRANDON BLVD., UNIT 1030</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>KOENIG, ALICIA</b> <b>161 CRANDON BLVD., UNIT 211</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Delete <b>SACKS, LIONEL A</b> <b>151 CRANDON BLVD, UNIT 422</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>MAKOWSKY, LINDA</b> <b>201 CRANDON BLVD., UNIT 533</b> <b>KEY BISCAYNE FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>KREISBERG, IRVING</b> <b>251 CRANDON BLVD., UNIT 500</b> <b>KEY BISCAYNE FL 33149</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOHN WM. JACOBS</b> <b>251 CRANDON BLVD. UNIT 1030</b> <b>KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ALICIA KOENIG</b> <b>161 CRANDON BLVD UNIT 211</b> <b>KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>JORGE CAMPO</b> <b>151 CRANDON BLVD. UNIT 522</b> <b>KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>LINDA MAKOWSKY</b> <b>201 CRANDON BLVD. UNIT 533</b> <b>KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>IRVING ADLER</b> <b>201 CRANDON BLVD. UNIT 830</b> <b>KEY BISCAYNE, FL 33149</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>IRVING KREISBERG</b> <b>251 CRANDON BLVD. UNIT 500</b>

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: *John W Jacobs* **REQUIRED** **02/15/2000** **305 361-6242**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

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**KEY COLONY HOMEOWNERS' ASSOCIATION, INC.**

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 KEY BISCAYNE FL 33149      KEY BISCAYNE FL 33149-1544

~~Attachment #737846~~  
 Attachment #715585 #737846  
 # 737846

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

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

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

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**MAURA, JOE**  
**235 CRANDON BLVD**  
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**FILE NOW: FEE IS \$61.25**      9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>ADLER, IRVING</b>
STREET ADDRESS	<b>201 CRANDON BLVD., UNIT 832</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	<b>VP</b> <input type="checkbox"/> Delete
NAME	<b>JACOBS, JOHN W</b>
STREET ADDRESS	<b>251 CRANDON BLVD., UNIT 1030</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>KOENIG, ALICIA</b>
STREET ADDRESS	<b>161 CRANDON BLVD., UNIT 211</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>SACKS, LIONEL A</b>
STREET ADDRESS	<b>151 CRANDON BLVD, UNIT 422</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MAKOWSKY, LINDA</b>
STREET ADDRESS	<b>201 CRANDON BLVD., UNIT 533</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>KREISBERG, IRVING</b>
STREET ADDRESS	<b>251 CRANDON BLVD., UNIT 500</b>
CITY-ST-ZIP	<b>KEY BISCAYNE FL 33149</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR JURGEN SCHULTEN</b>
STREET ADDRESS	<b>151 CRANDON BLVD. UNIT 309</b>
CITY-ST-ZIP	<b>KEY BISCAYNE, FL 33149</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DIRECTOR ROBERT CALCOTE</b>
STREET ADDRESS	<b>161 CRANDON BLVD. UNIT 316</b>
CITY-ST-ZIP	<b>KEY BISCAYNE, FL 33149</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *John W. Jacobs*      Date: *02/15/2000*      Daytime Phone #: *305 361-6242*

CR2E037 (9/95)