-2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 737846 Mar 15, 2000 8:00 am 1. Entity Name **Secretary of State** KEY COLONY HOMEOWNERS' ASSOCIATION, INC. 03-15-2000 90066 016 ****70.00 Mailing Address Principal Place of Business 235 CRANDON BLVD 235 CRANDON BLVD KEY BISCAYNE FL 33149-1544 KEY BISCAYNE FL 33149 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 54-1074387 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name__-Street Address (P.O. Box Number is Not Acceptable) MAURA, JOE 235 CRANDON BLVD 6161 BLUE LAGOON DRIVE #250 Zip Code FL **KEY BISCAYNE FL 33014** 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing FILE NOW: \$5.00 May Be Trust Fund Contribution. **Department of State** Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PRESIDENT Addition TITLE JOHN WM. JACOBS UNITIOSO 251 CRANDON BLVD UNITIOSO Change ☐ Delete TITLE NAME NAME ADLER, IRVING STREET ADDRESS STREET ADDRESS 201 CRANDON BLVD., UNIT 832 KEY BISCAYNE, FL 33149 CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 VICE PRESIDENT ☐ Addition TITLE TITLE **VP** ☐ Delete ALICIA KOENIG NAME NAME JACOBS, JOHN W 161 CRANdON BLVd Wit 211 STREET ADDRESS STREET ADDRESS 251 CRANDON BLVD., UNIT 1030 KEY BISCAYNE, CITY-ST-ZIP 3 *3149* CITY-ST-ZIP **KEY BISCAYNE FL 33149** TREASURER Change Addition TITLE S □ Delete TITLE JORGE"CAMPO 151 CRANdON BLVd. UNIT 522 NAME KOENIG, ALICIA NAME STREET ADDRESS STREET ADDRESS 161 CRANDON BLVD., UNIT211 KEY BISCAYNE CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 Change . Addition Delete TITLE TITLE MAKOWSKY NAME NAME SACKS, LIONEL A UNIT 533 residon BLVd. STREET ADDRESS STREET ADDRESS 151 CRANDON BLVD, UNIT 422 33149 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** DIRECTOR IRVING A Change ☐ Addition ☐ Delete TITLE TITLE 201 CRANDON BLVd. UNIT 830 NAME MAKOWSKY, LINDA STREET ADDRESS STREET ADDRESS 201 CRANDON BLVD., UNIT 533 33/49 CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 ☐ Addition DIRECTORI ☐ Delete TITLE D KREISbERG IRVING KREISBERG, IRVING NAME NAME 251 CRANdON BLVd. STREET ADDRESS STREET ADDRESS 251 CRANDON BLVD., UNIT 500 CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE FL 33149 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: XIMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Davime Phone #

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JRA, .	JOE				Street A	ddress (f	P.O. Box Numb	er is Not Acceptat	ole)		
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