

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90300 035 \*\*\*\*70.00

**DOCUMENT # 737846**

1. Entity 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

2. Principal Place of Business

235 Crandon Blvd

3. Mailing Address

235 Crandon Blvd

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

6

City & State

Key Biscayne FL

City & State

Key Biscayne FL

Zip

Country

33149

Zip

Country

33149



DO NOT WRITE IN THIS SPACE

4. FEI Number

54-1074387

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Makowsky	
STREET ADDRESS	201 Crandon Blvd. Unit 533	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jorge Campo	
STREET ADDRESS	151 Crandon Blvd. Unit 522	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irving Kreisberg	
STREET ADDRESS	251 Crandon Blvd. Unit 500	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E. Dennis Brod	
STREET ADDRESS	161 Crandon Blvd. Unit 412	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irving Adler	
STREET ADDRESS	201 Crandon Blvd. Unit 830	
CITY-ST-ZIP	Key Biscayne, FL 33149	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Wm. Jacobs	
STREET ADDRESS	251 Crandon Blvd. Unit 1030	
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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE CAMPO

Date

305-361-6242

Daytime Phone #

CR2E037 (10/00)