

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90090 037 ****70.00

UBR2002

DOCUMENT # 737846

1. Entity Name

KEY COLONY HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

235 CRANDON BLVD.
6
KEY BISCAIYNE FL 33149

235 CRANDON BLVD.
6
KEY BISCAIYNE FL 33149

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



DO NOT WRITE IN THIS SPACE

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 BISCAIYNE FL 33014

Name ~~MAURA, JOE~~
 Street Address (P.O. Box Number is Not Acceptable)
235 CRANDON BOULEVARD
Suite 6
 City **KEY BISCAIYNE** FL Zip Code **33149**

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 _____ (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 830	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACOBS, JOHN W	
STREET ADDRESS	251 CRANDON BLVD., UNIT 1030	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	P	<input type="checkbox"/> Delete
NAME	MAKOWSKY, LINDA	
STREET ADDRESS	201 CRANDON BLVD. UNIT 533	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	T	<input type="checkbox"/> Delete
NAME	KREISBERG, IRVING	
STREET ADDRESS	251 CRANDON BLVD. UNIT 500	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	BROD, E. DENNIS	
STREET ADDRESS	161 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	CAMPO, JORGE	
STREET ADDRESS	151 CRANDON BLVD. UNIT 522	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	

TITLE	ASSISTANT TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, IRVING	
STREET ADDRESS	201 CRANDON BLVD, UNIT 830	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACOBS, JOHN WM.	
STREET ADDRESS	251 CRANDON BLVD., UNIT 1030	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAKOWSKY, LINDA	
STREET ADDRESS	201 CRANDON BLVD., UNIT 533	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KREISBERG, IRVING	
STREET ADDRESS	251 CRANDON BLVD., UNIT 500	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROD, E. DENNIS	
STREET ADDRESS	161 CRANDON BLVD., UNIT 412	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELEANOR ROVELL	
STREET ADDRESS	151 CRANDON BLVD., UNIT 934	
CITY-ST-ZIP	KEY BISCAIYNE, 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)(b), 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: IRVING KREISBERG Date: 2/12/02 Daytime Phone #: 305 361-6242

CR2E037 (9/01)

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0024306

DOCUMENT # 737846

416064

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NAME	BROD, E. DENNIS	
STREET ADDRESS	161 CRANDON BLVD.	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPO, JORGE	
STREET ADDRESS	151 CRANDON BLVD. UNIT 522	
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL DAVID Bodin	
STREET ADDRESS	151 CRANDON BLVD., UNIT 302	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FELIX GRANADOS	
STREET ADDRESS	141 CRANDON BLVD., UNIT 345	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Irving Kreisberg Irving Kreisberg 2/12/02 305 301-6242
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)