


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90380 028 ****70.00

DOCUMENT # 737846
 1. Entity Name
KEY COLONY HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
 235 CRANDON BLVD
 6
 KEY BISCAIYNE, FL 33149

Mailing Address
 235 CRANDON BLVD
 6
 KEY BISCAIYNE, FL 33149

60023047



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03272006 Chg-NP CR2E037 (11/05)

City & State

4. FEI Number
54-1074387

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

ROGEL, DAVID H
235 CRANDON BLVD
STE 6
KEY BISCAIYNE, FL 33149

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	Bernard Eismann	
STREET ADDRESS	151 Crandon Blvd. #407	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	VP	<input type="checkbox"/> Delete
NAME	Frances Gaynes	
STREET ADDRESS	251 Crandon Blvd. #433	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	T	<input type="checkbox"/> Delete
NAME	Carlos Nieto	
STREET ADDRESS	141 Crandon Blvd. #431	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	Victoria L. Krall	
STREET ADDRESS	201 Crandon Blvd. #636	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	Irving Adler	
STREET ADDRESS	201 Crandon Blvd. #830	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	
TITLE	D	<input type="checkbox"/> Delete
NAME	Julie Snyder de Garcia	
STREET ADDRESS	251 Crandon Blvd. 730	
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" 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 checked="" type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" 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 exemptions contained in Chapter 119, 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: _____ **03/29/06** **305-361-6242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

