



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90031 050 ****70.00

DOCUMENT # 737846					
1. Entity Name KEY COLONY HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 235 CRANDON BLVD 6 KEY BISCAWAYNE, FL 33149			Mailing Address 235 CRANDON BLVD 6 KEY BISCAWAYNE, FL 33149		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 54-1074387				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROGEL, DAVID H ALHAMBRA TOWERS 121 ALHAMBRA PLAZA 10 FLOOR CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, IRVING		NAME	BUENO, MARIA	
STREET ADDRESS	201 CRANDON BLVD #830		STREET ADDRESS	141 CRANDON BLVD. UNIT #145	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149		CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISMANN, BERNARD		NAME		
STREET ADDRESS	151 CRANDON BLVD #407		STREET ADDRESS		
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	POLLACK, MORTON		NAME	ABOOD, JOSEPH	
STREET ADDRESS	141 CRANDON BLVD #246		STREET ADDRESS	201 CRANDON BLVD. UNIT #822	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149		CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	
TITLE	S	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAYNES, FRANCES		NAME	KRALL, VICTORIA	
STREET ADDRESS	251 CRANDON BLVD #433		STREET ADDRESS	201 CRANDON BLVD. UNIT #636	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149		CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANADOS, FELIX		NAME	GAYNES, FRANCES	
STREET ADDRESS	151 CRANDON BLVD #216		STREET ADDRESS	251 CRANDON BLVD. UNIT #433	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149		CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROVELL, ELEANOR		NAME	FLIK, JULIE	
STREET ADDRESS	151 CRANDON BLVD #934		STREET ADDRESS	251 CRANDON BLVD. TH #161	
CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149		CITY-ST-ZIP	KEY BISCAWAYNE, FL 33149	
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: 		Vice president 01/18/08		205-361-6242	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	