

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 753716 (0)  
1. Corporation Name  
KEY COLONY NO. 3- CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
151 CRANDON BOULEVARD  
MANAGER'S OFFICE MAIL BOX #1254  
KEY BISCAVNE FL 33149  
151 CRANDON BOULEVARD  
MANAGER'S OFFICE MAIL BOX #1254  
KEY BISCAVNE FL 33149

3. Date Incorporated or Qualified 08/06/1980  
3a. Date of Last Report 05/01/1995  
4. FEI Number 59-2015029  
Applied For Not Applicable  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
FISHER, SEAN  
1450 MADRUGA AVE  
SUITE 202  
CORAL GABLES FL 33146  
10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP  
NAME ATD FOX ROSELLINI, SUSAN 151 CRANDON BLVD, #210 KEY BISCAVNE FL  
STREET ADDRESS  
CITY - ST - ZIP  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP  
NAME PD SANDLER, WILLIAM 151 CRANDON BLVD., #444 KEY BISCAVNE FL  
STREET ADDRESS  
CITY - ST - ZIP  
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP  
NAME TD KANE, T. JOEL 151 CRANDON BLVD, #738 KEY BISCAVNE FL  
STREET ADDRESS  
CITY - ST - ZIP  
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP  
NAME AVPD ALLPORT, HAMILTON 151 CRANDON BLVD., #1236 KEY BISCAVNE FL  
STREET ADDRESS  
CITY - ST - ZIP  
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP  
NAME VPD CAMPO, JORGE 151 CRANDON BLVD., #522 KEY BISCAVNE FL  
STREET ADDRESS  
CITY - ST - ZIP  
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP  
NAME SD MAYRSOHN, KATHY 151 CRANDON BLVD., #902 COCONUT GROVE FL  
STREET ADDRESS  
CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *William Sandler* 1-17-96 365-9325  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)