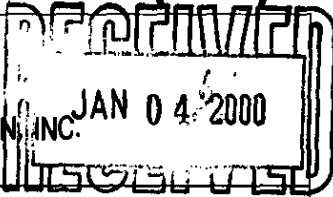


2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 753716

1. Entity Name

KEY COLONY NO. 3- CONDOMINIUM ASSOCIATION, INC.



FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90078 011 ****61.25

Principal Place of Business: 151 CRANDON BOULEVARD, MANAGER'S OFFICE MAIL BOX #1254, KEY BISCAYNE FL 33149
 Mailing Address: 151 CRANDON BOULEVARD, MANAGER'S OFFICE MAIL BOX #1254, KEY BISCAYNE FL 33149-1573



DO NOT WRITE IN THIS SPACE

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

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

City & State

4. FEI Number: 59-2015029
 Applied For: Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent
KALLICHE, ANTHONY A
5201 BLUE LAGOON DR
STE 100
MIAMI FL 33126

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.

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

TITLE	ASD	<input type="checkbox"/> Delete
NAME	CAMEJO, ANTONIO	
STREET ADDRESS	151 CRANDON BLVD #145	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SANDLER, WILLIAM	
STREET ADDRESS	151 CRANDON BLVD., #444	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	NAVARRO, ANTONIO	
STREET ADDRESS	151 CRANDON BLVD. #600	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BODIN, PAUL	
STREET ADDRESS	151 CRANDON BLVD, #302	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	KHANNA, R DR	
STREET ADDRESS	151 CRANDON BLVD. #443	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	S	<input type="checkbox"/> Delete
NAME	KIENE, EVA MARIA	
STREET ADDRESS	151 CRANDON BLVD #343	
CITY-ST-ZIP	KEY BISCAYNE FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMEJO, ANTONIO	
STREET ADDRESS	151 CRANDON BLVD #145	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, MONICA	
STREET ADDRESS	151 CRANDON BLVD #526	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VP / D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, ANTONIO	
STREET ADDRESS	151 CRANDON BLVD #600	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	TREASURER / D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AZAN, RAFAEL	
STREET ADDRESS	151 CRANDON BLVD #238	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SABINO, ADRIANA	
STREET ADDRESS	151 CRANDON BLVD #1024/1026	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
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: S. ANTONIO CAMEJO **REQUIRED** 1/17/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)