

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00072 (1)
1. Corporation Name
KEY COLONY NO. 4 CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**101 CRANDON BLVD. #164
KEY BISCAINE FL 33149**

Mailing Address
**101 CRANDON BLVD. #164
KEY BISCAINE FL 33149**

3. Date Incorporated or Qualified
11/29/1983

3a. Date of Last Report
01/25/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2347231		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					
25		30					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
100 CHOPIN PLAZA
MIAMI FL 33131**

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

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SMITH, NORMAN	
STREET ADDRESS	101 CRANDON BLVD., #164	
CITY-ST-ZIP	KEY BISCAINE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, RICHARD	
STREET ADDRESS	101 CRANDON BLVD., #164	
CITY-ST-ZIP	KEY BISCAINE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARSHALL, ANTHONY	
STREET ADDRESS	101 CRANDON BLVD., #164	
CITY-ST-ZIP	KEY BISCAINE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FELTMAN, JAMES	
STREET ADDRESS	101 CRANDON BLVD., #164	
CITY-ST-ZIP	KEY BISCAINE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHARENBERG, FRITZ	
STREET ADDRESS	101 CRANDON BLVD. #164	
CITY-ST-ZIP	KEY BISCAINE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	CALCOTE, ROBERT	
13 STREET ADDRESS	101 CRANDON BLVD., #164	
14 CITY-ST-ZIP	KEY BISCAINE FL	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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.

305-361-3662

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY MARSHALL, PRESIDENT

Date

1/22/96

Daytime Phone #

CR2E037 (12/95)