

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:13

DOCUMENT # **737845** (8)
1. Corporation Name
KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
201 ALHAMBRA CIRCLE, #1102 201 ALHAMBRA CIRCLE, #1102
CORAL GABLES FL 33134 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/14/1977	3a. Date of Last Report 02/03/1994
4. FEI Number 54-1074384	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DE LA TORRE, HELIO 201 ALHAMBRA CIRCLE, SUITE 1102 CORAL GABLES FL 33134		81 Name	HELIO DE LA TORRE
		82 Street Address (P.O. Box Number is Not Acceptable)	201 ALHAMBRA CIRCLE, SUITE 1102
		83	
		84 City	CORAL GABLES FL
85 Zip Code	33134		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVE, HECTOR	1.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #328	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	1.4 CITY-ST-ZIP	
TITLE	-T-	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, HOWARD L.	2.2 NAME	
STREET ADDRESS	11 GINA DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CENTER PORT NY	2.4 CITY-ST-ZIP	
TITLE	-D-	3.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARRAQUE, JORGE	3.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #1228	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, CONCHITA	4.2 NAME	
STREET ADDRESS	201 CRANDON BLVD, #641	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMTZOW, BERNARD	5.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #1037/1	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 19.07(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: Hector Esteve **Hector Esteve** **Vice President** **2/3/95** **(305) 361-5725**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)