

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 # 737845 (8)

1. Corporation Name

KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

201 ALHAMBRA CIRCLE, #1102
CORAL GABLES FL 33134

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CORAL GABLES FL 33134

3. Date Incorporated or Qualified 01/14/1977	3a. Date of Last Report 03/08/1995
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
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 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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
85 State FL
86 Zip Code 33134

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)

(INDL) Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE TD	<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 D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PHILLIPS, HOWARD L.		2.2 NAME ADLER, IRVING	
STREET ADDRESS 11 GINA DRIVE		2.3 STREET ADDRESS 201 CRANDON BOULEVARD, 832	
CITY-ST-ZIP GENTER PORT NY		2.4 CITY-ST-ZIP KEY BISCAYNE, FL	
TITLE TD	<input type="checkbox"/> DELETE	3.1 TITLE S	<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	<input type="checkbox"/> DELETE	4.1 TITLE VD	<input checked="" 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: *Bernard Nemtsov*

Bernard Nemtsov
President

3/22/96

(305)361-5725

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)