


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90041 036 ****61.25

DOCUMENT # 737845

1. Entity Name
KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
 201 CRANDON BLVD
 KEY BISCAYNE, FL 33149 US

Mailing Address
 201 ALHAMBRA CIRCLE, #1102
 CORAL GABLES, FL 33134

01000000



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

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

01202004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number
54-1074384

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

HELIO DE LA TORRE
 201 ALHAMBRA CIRCLE SUITE 1102
 CORAL GABLES, FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** Delete
 NAME **ESTEVE, HECTOR**
 STREET ADDRESS **201 CRANDON BLVD #328**
 CITY-ST-ZIP **KEY BISCAYNE, FL**

TITLE **T** Change Addition
 NAME **ROSARIO PADILLA**
 STREET ADDRESS **201 CRANDON BOULEVARD**
 CITY-ST-ZIP **KEY BISCAYNE, FL 33149**

TITLE **D** Delete
 NAME **ADLER, IRVING**
 STREET ADDRESS **201 CRANDON BLVD 832**
 CITY-ST-ZIP **KEY BISCAYNE, FL**

TITLE **VP** Change Addition

TITLE **VD** Delete
 NAME **LABARRAQUE, JORGE**
 STREET ADDRESS **201 CRANDON BLVD #1228**
 CITY-ST-ZIP **KEY BISCAYNE, FL**

TITLE **D** Change Addition

TITLE **S** Delete
 NAME **SUAREZ, CONCHITA**
 STREET ADDRESS **201 CRANDON BLVD, #641**
 CITY-ST-ZIP **KEY BISCAYNE, FL**

TITLE Change Addition

TITLE **P** Delete
 NAME **NEMTZOW, BERNARD**
 STREET ADDRESS **201 CRANDON BLVD #1037/1**
 CITY-ST-ZIP **KEY BISCAYNE, FL**

TITLE Change Addition

TITLE Delete

TITLE Change Addition

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 title empowered.

SIGNATURE:  DATE: **305-361-5725**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #