


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90380 046 ****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	
2. Principal Place of Business		3. Mailing Address 201 Crandon Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. office	
City & State		City & State Key Biscayne, FL	
Zip	Country	Zip	Country
		33149	
4. FEI Number 54-1074384		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HELIO DE LA TORRE 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		Name SKRLD Inc. Street Address (P.O. Box Number is Not Acceptable) 201 Alhambra Circle #1102 City Coral Gables FL Zip Code 33134	
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 <i>Helio De La Torre</i>		DATE 2-23-06	
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 V NAME PADILLA, ROSARIO STREET ADDRESS 201 CRANDON BLVD CITY-ST-ZIP KEY BISCAYNE, FL 33149	<input type="checkbox"/> Delete	TITLE V + S NAME Fox Rosellini, Susan STREET ADDRESS 201 Crandon Blvd CITY-ST-ZIP KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE P NAME ADLER, IRVING STREET ADDRESS 201 CRANDON BLVD 832 CITY-ST-ZIP KEY BISCAYNE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME LABARRAQUE, JORGE STREET ADDRESS 201 CRANDON BLVD #1228 CITY-ST-ZIP KEY BISCAYNE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME SUAREZ, CONCHITA STREET ADDRESS 201 CRANDON BLVD, #641 CITY-ST-ZIP KEY BISCAYNE, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME NEMTZOW, BERNARD STREET ADDRESS 201 CRANDON BLVD #1037/1 CITY-ST-ZIP KEY BISCAYNE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME ABOOD, JOSEPH STREET ADDRESS 201 CRANDON BLVD #824 CITY-ST-ZIP KEY BISCAYNE, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Irving Adler</i>		DATE 3/29/06 305-361-5225	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Irving Adler President		Daytime Phone #	