

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727354

**Entity Name:** KEY BISCAYNE ONE HUNDRED CONDOMINIUM ASSOCIATION, INC.

**FILED  
Apr 10, 2013  
Secretary of State  
CC9722993134**

**Current Principal Place of Business:**

100 OCEAN LANE DRIVE  
#104  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

3934 S.W.8TH STREET  
303  
CORAL GABLES, FL 33134

**FEI Number: 59-1521879**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DE LA CAMARA, ROSA ESQ.  
121 ALHAMBRA PLAZA, 10 TH FLOOR  
CORAL GABLES, FL 33134 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name CABRERA, ARIANNA  
Address 100 OCEAN LN DR. PH#3  
City-State-Zip: KEY BISCAYNE FL 33149

Title T  
Name VIDAL, FRANCA  
Address 100 OCEAN LANE DR # 202  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name POINTET, LARRY  
Address 100 OCEAN LANE DRIVE # 208  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name PRITZAFF, EILEEN  
Address 100 OCEAN LANE DRIVE #501  
City-State-Zip: KEY BISCAYNE FL 33149

Title D  
Name AREVALO, VIOLETA  
Address 100 OCEAN LANE DRIVE 206  
City-State-Zip: KEY BISCAYNE FL 33149

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ARIANNA CABRERA**

**P**

**04/10/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date