

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737846

**FILED**  
**Feb 01, 2018**  
**Secretary of State**  
**CC7714293396**

**Entity Name:** KEY COLONY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

235 CRANDON BLVD  
SUITE 6  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

235 CRANDON BLVD  
SUITE 6  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 54-1074387

**Certificate of Status Desired:** No

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

ROGEL, DAVID H  
ALHAMBRA TOWERS 121 ALHAMBRA PLAZA  
10 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 DIRECTOR  
Name CONWAY , LOUISA  
Address 151 CRANDON BOULEVARD, UNIT 937  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name ABOOD , JOSEPH  
Address 201 CRANDON BOULEVARD, UNIT 822  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name TELLEZ, GUSTAVO  
Address 101 CRANDON BOULEVARD, UNIT 177  
City-State-Zip: KEY BISCAYNE FL 33149

Title SECRETARY  
Name HOSFORD, CHRISTIAN  
Address 151 CRANDON BOULEVARD, UNIT 142  
City-State-Zip: KEY BISCAYNE FL 33149

Title TREASURER  
Name VELA, RENE  
Address 201 CRANDON BOULEVARD, UNIT 330  
City-State-Zip: KEY BISCAYNE FL 33149

Title PRESIDENT  
Name BRAMSON, MATT  
Address 101 CRANDON BOULEVARD, UNIT 176  
City-State-Zip: KEY BISCAYNE FL 33149

Title VP  
Name FLIK, RUDY  
Address 251 CRANDON BOULEVARD, UNIT TH161  
City-State-Zip: KEY BISCAYNE FL 33149

Title DIRECTOR  
Name KOCH , THOMAS  
Address 251 CRANDON BOULEVARD, UNIT 623  
City-State-Zip: KEY BISCAYNE FL 33149

**Continues on page 2**

*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:** ERIK GOFF

**MANAGER**

**02/01/2018**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           MANAGER

Name           GOFF, ERIK

Address        235 CRANDON BOULEVARD, SUITE 6

City-State-Zip: KEY BISCAYNE FL 33149