


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra E. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **718402** (1)
1. Corporation Name
KEY BISCAYNE'S COMMODORE CLUB CONDOMINIUM 1, INC

Principal Place of Business 177 OCEAN LANE DRIVE KEY BISCAYNE FL 33149	Mailing Address 177 OCEAN LANE DRIVE KEY BISCAYNE FL 33149
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3. Date Incorporated or Qualified

04/28/1970

4. FEI Number 59-1359766	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE CONTINENTAL GRP ,
177 OCEAN LANE DR
KEY BISCAYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	WESTER, ALEXIS	
STREET ADDRESS	177 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	

TITLE	D	<input type="checkbox"/> DELETE
NAME	RITSON, JESS	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALBERT, GEORGE	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HODGSON, MARION	
STREET ADDRESS	177 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	AT	<input type="checkbox"/> DELETE
NAME	GALDO, GUSTAVO	
STREET ADDRESS	177 OCEAN LANE DR	
CITY-ST-ZIP	KEY BISCAYNE FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	BECKER, THEODORE	
STREET ADDRESS	177 OCEAN LANE DRIVE	
CITY-ST-ZIP	KEY BISCAYNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:

Marion Hodgson, President

1/7/98

305-361-1656

CR2E037 (10/97)