

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718402

FILED
Mar 25, 2008
Secretary of State

Entity Name: KEY BISCAYNE'S COMMODORE CLUB CONDOMINIUM 1, INC.

Current Principal Place of Business:

177 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

177 OCEAN LANE DRIVE
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 59-1359766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LERNER, LISA P.A
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES, FL 33144 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: VON SPECHT, CELIA
Address: 177 OCEAN LANE DR 1201
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP () Delete
Name: CZAHAR, ADRIAN R
Address: 177 OCEAN LANE DRIVE 305
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S () Delete
Name: RODRIGUEZ, MARIA P
Address: 177 OCEAN LANE DRIVE 304
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: ADAMI, MANFRED
Address: 177 OCEAN LANE DR 1212
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: LARRIEU, RENE
Address: 177 OCEAN LANE DR 711
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D () Delete
Name: REGALADO, VERENA
Address: 177 OCEAN LN. DR. 700
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: CELIA VON SPECHT

PRES

03/25/2008

Electronic Signature of Signing Officer or Director

Date