

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737845 (8)

1. Corporation Name

KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 201 ALHAMBRA CIRCLE, #1102 CORAL GABLES FL 33134
Mailing Address: 201 ALHAMBRA CIRCLE, #1102 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 01/14/1977
3a. Date of Last Report: 03/08/1995
4. FEI Number: 54-1074384
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and Mailing Address (2a-26) fields with sub-sections for Suite, Apt. #, etc., City & State, and Zip/Country.

9. Name and Address of Current Registered Agent

DE LA TORRE, HELIO
201 ALHAMBRA CIRCLE, SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: HELIO DE LA TORRE
82 Street Address (P.O. Box Number is Not Acceptable): 201 ALHAMBRA CIRCLE, SUITE 1102
83
84 City: CORAL GABLES FL 85 Zip Code: 33134

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 (applicable) (INDL Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	ESTEVE, HECTOR	
STREET ADDRESS	201 CRANDON BLVD #328	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PHILLIPS, HOWARD L.	
STREET ADDRESS	11 GINA DRIVE	
CITY-ST-ZIP	GENTER PORT NY	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LABARRAQUE, JORGE	
STREET ADDRESS	201 CRANDON BLVD #1228	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SUAREZ, CONCHITA	
STREET ADDRESS	201 CRANDON BLVD, #641	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NEMTZOW, BERNARD	
STREET ADDRESS	201 CRANDON BLVD #1037/1	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ADLER, IRVING	
2.3 STREET ADDRESS	201 CRANDON BOULEVARD, 832	
2.4 CITY-ST-ZIP	KEY BISCAYNE, FL	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VD	<input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Bernard Nemtsov* Bernard Nemtsov President 3/22/96 (305)361-5725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)