

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33134-5108
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3. Date Incorporated or Qualified 01/14/1977	3a. Date of Last Report 04/01/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 54-1074384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTEVE, HECTOR	1.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #328	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, IRVING	2.2 NAME	
STREET ADDRESS	201 CRANDON BLVD 832	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARRAQUE, JORGE	3.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #1228	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, CONCHITA	4.2 NAME	
STREET ADDRESS	201 CRANDON BLVD, #641	4.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	4.4 CITY - ST - ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEMTZOW, BERNARD	5.2 NAME	
STREET ADDRESS	201 CRANDON BLVD #1037/1	5.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAYNE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		6.3 STREET ADDRESS	
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CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 Nemtzw* **Bernard Nemtzw** President **01/17/97** (305) 361-5725

CR2E037 (9/96)