

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>201 ALHAMBRA CIRCLE #1102 CORAL GABLES FL 33134</b>	Mailing Address <b>201 ALHAMBRA CIRCLE #1102 CORAL GABLES FL 33134</b>
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3. Date Incorporated or Qualified  
**01/14/1977**

4. FEI Number <b>54-1074384</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 <b>201 CRANDON BOULEVARD</b> Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State 23 <b>Key Biscayne Fl</b>	27 City & State 28
24 Zip <b>33149</b> 25 Country <b>DADE</b>	29 Zip 30 Country

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

**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 <b>FL</b> 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

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ESTEVE, HECTOR</b>	
STREET ADDRESS	<b>201 CRANDON BLVD #328</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADLER, IRVING</b>	
STREET ADDRESS	<b>201 CRANDON BLVD 832</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LABARRAQUE, JORGE</b>	
STREET ADDRESS	<b>201 CRANDON BLVD #1228</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>SUAREZ, CONCHITA</b>	
STREET ADDRESS	<b>201 CRANDON BLVD, #641</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>NEMTZOW, BERNARD</b>	
STREET ADDRESS	<b>201 CRANDON BLVD #1037/1</b>	
CITY-ST-ZIP	<b>KEY BISCAIYNE FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* 1/12/98 341-5725

CR2E037 (10/97)