FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 01, 1999 8:00 am § Secretary of State

03-01-1999 90023 037 ****61.25

A DER THE TRANSPORTER TO BE TO THE REST OF THE PARTY OF T

3. Date Incorporated or Qualifed

01/14/1977 4. FEI Number

DOCUMENT #	7378	45

1. Corporation Name

KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business 21 201 Part 1

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

TO ALLIANDON CIDCLE #1100

UT CHANDON BLVD (EY BISCAYNE FL 33149 (S	CORAL GABLES FL 33134	
		•

22		27			- - }54-1074	384		Not	t Applicable	
City & Sta					5. Certifcate	\$8.75 Additional Fee Required				
Zip 331	19 25 DADE	Zip 29	Country			ampaign Financin	g 🗆	\$5.00 Added to		
24 JJ(9. Name and Address of Current					Address of Nev	v Registered	Agent		
	Talle and House of Carlotte		81	Name						
			<u> </u>							
	LA TORRE		82	82 Street Address (P.O. Box Number is Not Acceptable)						
	MBRA CIRCLE SUITE 1102		83		 					
CORAL G	ABLES FL 33134									
			84	City			. FL	85 Zip C		
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of am familiar with, and accept the obligation	Florida. Such change was auf	thorized by	the corporation	oration submits the on's board of direct	nis statement for the ctors. I hereby acc	ne purpose of cept the appoi	changing its on the changing its of the change its chan	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: F	Registered Agen	t signature require	d when reinstating)		DATE			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS	CHANGES TO	OFFICERS AN	D DIRECTO		
TITLE	TD	☐ DELETE	1.1 TITLE					Change	Addition	
NAME	ESTEVE, HECTOR		1.2 NAME							
STREET ADDRESS			1.3 STREET	ADDRESS				. :		
CITY-ST-ZIP	KEY BISCAYNE FL		1.4 CITY-S	r-ZIP					_	
TITLE	D	☐ DELETE	2.1 TITLE					Change	☐ Addition	
NAME	ADLER, IRVING		2.2 NAME	ĺ						
STREET ADDRESS	AND ADDITION DIVID AND		2.3 STREET	ADDRESS						
CITY-ST-ZIP	KEY BISCAYNE FL		2.4 CITY-S	T-ZIP						
TITLE	S	☐ DELETE	3.1 TITLE		1,			☐ Change	Addition	
NAME	LABARRAQUE, JORGE		3.2 NAME	ì					}	
STREET ADDRESS	444 ADANIDON BUILD #4666		3.3 STREET	ADDRESS		•		•	,	
CITY-ST-ZIP	KEY BISCAYNE FL		3.4. CITY-S	T-ZIP				•	_	
TITLE	VD	☐ DELETE	4.1 TITLE					☐ Change	☐ Addition	
NAME	SUAREZ, CONCHITA		4. 2 NAME		,			Ť		
STREET ADDRESS			4.3 STREET	ADDRESS						
CITY-ST-ZIP	KEY BISCAYNE FL		4.4 CITY-ST	r-zip			•	•	!	
TITLE	P	☐ DELETE	5.1 TITLE				 ,	Change	☐ Addition	
NAME	NEMTZOW, BERNARD		5.2 NAME	ĺ					!	
STREET ADDRESS	*** ***********************************		5.3 STREET	ADDRESS		:			'	
CITY-ST-ZIP	KEY BISCAYNE FL		5.4 CITY- \$1	r-ZIP					* -	
TITLE	THE DISCHARE IL	☐ DELETE	6.1 TITLE					Change	Addition	
NAME			6.2 NAME			•			. "	
STREET ADDRESS			6.3 STREET	ADDRESS						
SINCE I NUUNESS	1		-							

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 supplier ental annual report is true and account and that my signature shall have the same legal effect as if made under oath; that I am an rate and that my signature shall have the same legal effect as if made under oath; that I am an xecute this report as required by Chapter 617, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or

SIGNATURE:

Applied For