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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 737845

1. Corporation Name

KEY COLONY NO. 1 CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

201 CRANDON BLVD  
 KEY BISCAYNE FL 33149  
 US

Mailing Address

201 ALHAMBRA CIRCLE #1102  
 CORAL GABLES FL 33134



2. Principal Place of Business

21 201 Crandon Boulevard

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/14/1977

4. FEI Number

54-1074384

Applied For

Not Applicable

23 City & State  
 Key Biscayne, FL

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip 33149 25 Country DADE 29

28 Zip Country 30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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   |
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | TD                       | <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           | ADLER, IRVING            |                                 |
| STREET ADDRESS | 201 CRANDON BLVD 832     |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL          |                                 |
| TITLE          | S                        | <input type="checkbox"/> DELETE |
| NAME           | LABARRAQUE, JORGE        |                                 |
| STREET ADDRESS | 201 CRANDON BLVD #1228   |                                 |
| CITY-ST-ZIP    | KEY BISCAYNE FL          |                                 |
| TITLE          | VD                       | <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           | NEMTOW, 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          | <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, with all other like empowered.

SIGNATURE:

*Conchita Suarez*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99

Date

305-361-5725

Daytime Phone #

CR2E037 (1/98)