


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90380 046 ****61.25

DOCUMENT # 737845 1. Entity 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 Suite, Apt. #, etc. City & State Zip		3. Mailing Address 201 Crandon Blvd. Office City & State Key Biscayne, FL Zip 33149	
Country		Country	
4. FEI Number 54-1074384		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HELIO DE LA TORRE 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: SKRLD Inc. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle #1102 City: Coral Gables FL Zip Code: 33134	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Helio De La Torre</i> DATE: 2-23-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PADILLA, ROSARIO 201 CRANDON BLVD KEY BISCAYNE, FL 33149	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V + S Fox Rosellini, Susan 201 Crandon Blvd. Key Biscayne, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ADLER, IRVING 201 CRANDON BLVD 832 KEY BISCAYNE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LABARRAQUE, JORGE 201 CRANDON BLVD #1228 KEY BISCAYNE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, CONCHITA 201 CRANDON BLVD, #641 KEY BISCAYNE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEMTOW, BERNARD 201 CRANDON BLVD #1037/1 KEY BISCAYNE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ABOOD, JOSEPH 201 CRANDON BLVD #824 KEY BISCAYNE, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Irving Adler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Irving Adler President		3/29/06 305-361-5215 Date Daytime Phone #	