

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 28 PM 7:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **751996** (0)
1. Corporation Name
THE SQUARE AT KEY BISCAIYNE CONDOMINIUM, INC.

Principal Place of Business Mailing Address
260 CRANDON BLVD **260 CRANDON BLVD**
STE 56 **56**
KEY BISCAIYNE FL 33149 **KEY BISCAIYNE FL 33149**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 04/11/1980	3a. Date of Last Report 05/26/1994
4. FEI Number 59-2255275	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DURHAM, WILLIAM F. 260 CRANDON BLVD STE 56 KEY BISCAIYNE FL 33149				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERVERA, JAVIER	1.2 NAME	SANTIAGO MIRANDA
STREET ADDRESS	260 CRANDON BLVD., #56	1.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	1.4 CITY - ST - ZIP	
TITLE	TD	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, WILLIAM	2.2 NAME	
STREET ADDRESS	260 BRANDON BLVD., #56	2.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	2.4 CITY - ST - ZIP	
TITLE	VPD	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHN LOURDES	3.2 NAME	WILLIAM BRISTOL
STREET ADDRESS	260 CRANDON BLVD., #56	3.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	3.4 CITY - ST - ZIP	
TITLE	SD	4.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEFORTUNA, EDGARDO	4.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., #56	4.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	4.4 CITY - ST - ZIP	
TITLE	PD	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORRIS, JAMES	5.2 NAME	ROBERT BRISTOL
STREET ADDRESS	260 CRANDON BLVD., #56	5.3 STREET ADDRESS	
CITY - ST - ZIP	KEY BISCAIYNE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Robert Bristol* **4/28/95** **361-3686**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date/Time Filing #