

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

**FILED**  
**May 12 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751996 (0)**

1. Corporation Name  
**THE SQUARE AT KEY BISCAZYNE CONDOMINIUM, INC.**



Principal Place of Business 260 CRANDON BLVD STE 56 KEY BISCAZYNE FL 33149 US	Mailing Address 260 CRANDON BLVD 56 KEY BISCAZYNE FL 33149-1538 US
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3. Date Incorporated or Qualified <b>04/11/1980</b>	3a. Date of Last Report <b>08/12/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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4. FEI Number <b>59-2255275</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DURHAM, WILLIAM F.**  
**260 CRANDON BLVD**  
**STE 56**  
**KEY BISCAZYNE FL 33149**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRANDA, SANTIAGO	1.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., #56	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAZYNE FL	1.4 CITY-ST-ZIP	
TITLE	<del>VPD</del> <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURHAM, WILLIAM	2.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., #56	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAZYNE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRISTOL, WILLIAM	3.2 NAME	BASICK, DEBBIE
STREET ADDRESS	260 CRANDON BLVD., #56	3.3 STREET ADDRESS	260 Crandon Blvd., Suite 25
CITY-ST-ZIP	KEY BISCAZYNE FL	3.4 CITY-ST-ZIP	KEY BISCAZYNE, FL 33149
TITLE	<del>VPD</del> <input type="checkbox"/> DELETE	4.1 TITLE	STD <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 BISCAZYNE FL	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRISTOL, ROBERT	5.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., #56	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAZYNE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MAGGS, MARGUERITE
STREET ADDRESS		6.3 STREET ADDRESS	260 Crandon Blvd., Suite 25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Key Biscayne, FL 33148

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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] **REQUIRED** Date: 4/30/97 Daytime Phone #: 305-361-3440

CFR2E037 (9/96)