

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 03, 1999 8:00 am**  
**Secretary of State**

05-03-1999 90039 045 \*\*\*\*70.00

4031823

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 751996**

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



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/11/1980
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2255275
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRISTOL, ROBERT 260 CRANDON BLVD, SUITE 56 STE 56 KEY BISCAVNE FL 33149	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD BETANCOURT, CARMEN 260 CRANDON BLVD., #56 KEY BISCAVNE FL 33149	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	MARY TAGUE
STREET ADDRESS		1.3 STREET ADDRESS	260 CRANDON BLVD., #56
CITY-ST-ZIP		1.4 CITY-ST-ZIP	KEY BISCAVNE FL 33149
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	BASICK, DEBBIE	2.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., STE. 25	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DEFORTUNA, EDGARDO	3.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., #56	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	BRISTOL, ROBERT	4.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., #56	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	MAGGS, MARGUERITE	5.2 NAME	
STREET ADDRESS	260 CRANDON BLVD., STE. 25	5.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(f), 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: *Robert Bristol*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)