


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90063 015 ****61.25

DOCUMENT # 751996							
1. Entity Name THE SQUARE AT KEY BISCAIYNE CONDOMINIUM, INC.							
Principal Place of Business 260 CRANDON BLVD STE 56 KEY BISCAIYNE, FL 33149 US		Mailing Address P.O. BOX 490720 KEY BISCAIYNE, FL 33149 US					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 59-2255275			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
MICHELE & ASSOCIATES 800 CRANDON BLVD #102 KEY BISCAIYNE, FL 33149			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	
			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 _____ DATE _____ <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, 2008		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	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	TAGUE, MARY		NAME				
STREET ADDRESS	260 CRANDON BLVD., #56		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BASICK, DEBBIE		NAME				
STREET ADDRESS	260 CRANDON BLVD., #56		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP				
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SALA, ROSEMARY		NAME				
STREET ADDRESS	260 CRANDON BLVD., #56		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BRISTOL, ROBERT		NAME				
STREET ADDRESS	260 CRANDON BLVD., #56		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAIYNE, FL		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	DURHAM, BILL		NAME				
STREET ADDRESS	260 CRANDON BLVD., #56		STREET ADDRESS				
CITY-ST-ZIP	KEY BISCAIYNE, FL 33149		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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 another I am empowered.							
SIGNATURE: <i>Robert F. Bristol</i>		PRESIDENT		305-361 3686			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ROBERT F. BRISTOL		Date 3/20/08 Daytime Phone #			