2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#751996

FILED Apr 20, 2009 Secretary of State

Entity Name: THE SQUARE AT KEY BISCAYNE CONDOMINIUM, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
STE 56	DON BLVD				
	AYNE, FL 33149	US			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX KEY BISC,	490720 AYNE, FL 33149	US			
FEI Number	: 59-2255275 F	El Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Curr	ent Registered Agent:	Name and Address	of New Registered Agent:	
800 CRAN	& ASSOCIATES IDON BLVD #102 AYNE, FL 33149	US			
	named entity subr e of Florida.	mits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
	Electronic S	ignature of Registered Age	ent	Date	
OFFICER	S AND DIRECTOR	₹\$:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	T () Dele TAGUE, MARY 260 CRANDON BLV KEY BISCAYNE, FL	ete D., #56	ADDITIONS/CHANG Title: Name: Address: City-St-Zip:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address:	T () Dek TAGUE, MARY 260 CRANDON BLV	ete D., #56 . 33149 ete D., #56	Title: Name: Address:		
OFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	T () Dele TAGUE, MARY 260 CRANDON BLV KEY BISCAYNE, FL S () Dele BASICK, DEBBIE 260 CRANDON BLV	ete D., #56 33149 ete D., #56 ete	Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	T () Dele TAGUE, MARY 260 CRANDON BLV KEY BISCAYNE, FL S () Dele BASICK, DEBBIE 260 CRANDON BLV KEY BISCAYNE, FL VP () Dele SALA, ROSEMARY 260 CRANDON BLV	ete (D., #56 . 33149 ete (D., #56 . 33149 ete	Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB BRISTOL P 04/20/2009