

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 753716 (0)  
1. Corporation Name  
KEY COLONY NO. 3- CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address  
151 CRANDON BOULEVARD  
MANAGER'S OFFICE MAIL BOX #1254  
KEY BISCAVNE FL 33149

3. Date Incorporated or Qualified 08/06/1980  
3a. Date of Last Report 05/01/1996

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 Zip Country  
24 25 29 30

4. FEI Number 59-2015029 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
FISHER, SEAN  
1450 MADRUGA AVE  
SUITE 202  
CORAL GABLES FL 33146

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	ATD <input type="checkbox"/> DELETE	1.1 TITLE	AS. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMEJO, ANTONIO	1.2 NAME	
STREET ADDRESS	151 CRANDON BLVD #145	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDLER, WILLIAM	2.2 NAME	
STREET ADDRESS	151 CRANDON BLVD., #444	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANE, T. JOEL	3.2 NAME	
STREET ADDRESS	151 CRANDON BLVD, #738	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAVNE FL	3.4 CITY-ST-ZIP	
TITLE	AVPD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLPORT, HAMILTON	4.2 NAME	Paul Bodnar
STREET ADDRESS	151 CRANDON BLVD., #1236	4.3 STREET ADDRESS	151 Crandon Blvd, #302
CITY-ST-ZIP	KEY BISCAVNE FL	4.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPO, JORGE	5.2 NAME	Wayne House
STREET ADDRESS	151 CRANDON BLVD., #522	5.3 STREET ADDRESS	151 Crandon Blvd, #905
CITY-ST-ZIP	KEY BISCAVNE FL	5.4 CITY-ST-ZIP	Key Biscayne, FL 33149
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYRSOHN, KATHY	6.2 NAME	Eva Maria Kiene
STREET ADDRESS	151 CRANDON BLVD., #902	6.3 STREET ADDRESS	151 Crandon Blvd,
CITY-ST-ZIP	COCONUT GROVE FL	6.4 CITY-ST-ZIP	Key Biscayne, FL 33149

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(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: \_\_\_\_\_ DATE: \_\_\_\_\_ DAYTIME PHONE # 0030740

CP2E037 (9/96)