

FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

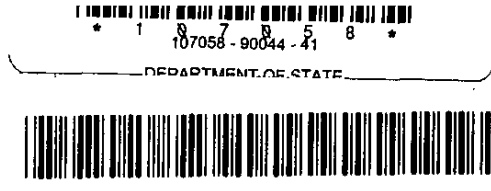
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753716
1. Corporation Name
KEY COLONY NO. 3- CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 151 CRANDON BOULEVARD MANAGER'S OFFICE MAIL BOX #1254 KEY BISCAIYNE FL 33149	Mailing Address 151 CRANDON BOULEVARD MANAGER'S OFFICE MAIL BOX #1254 KEY BISCAIYNE FL 33149
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/06/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2015029 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	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 KALLICHE, ANTHONY A 5201 BLUE LAGOON DR STE 100 MIAMI FL 33126	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
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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 ANTHONY A. KALLICHE 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	ASD <input type="checkbox"/> DELETE	1.1 TITLE	<input 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 BISCAIYNE 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 BISCAIYNE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	ANTONIO NAVARRO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAVARRO, AVIS HEDGES	3.2 NAME	151 CRANDON BLVD # 600
STREET ADDRESS	151 CRANDON BLVD., #602	3.3 STREET ADDRESS	KEY BISCAIYNE, FL 33149
CITY-ST-ZIP	KEY BISCAIYNE FL 33149	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODIN, PAUL	4.2 NAME	
STREET ADDRESS	151 CRANDON BLVD, #302	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	4.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	DR. R. KHANNA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIERIG, CHRISTOPL	5.2 NAME	151 CRANDON BLVD # 443
STREET ADDRESS	151 CRANDON BLVD., #409	5.3 STREET ADDRESS	KEY BISCAIYNE FL 33149
CITY-ST-ZIP	KEY BISCAIYNE FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIENE, EVA MARIA	6.2 NAME	
STREET ADDRESS	151 CRANDON BLVD #343	6.3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAIYNE FL	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)(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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED 1/14/99 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)