FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -6 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727404 (6)

1. Corporation Name

KEYSTONE HARBOR CLUB COMDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
13155 IXORA COURT NORTH MIAMI FL 33181-2301	13155 IXORA COURT NORTH MIAMI FL 33181-2301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1973
3a. Date of Last Report: 04/15/1994
4. FEI Number: 59-1542964 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26 C/O S.C.I.
22 Suite, Apt. #, etc.	27 2901 S. Imms St.
23 City & State	28 Hollywood, FL
24 Zip / 25 Country	29 Zip 33020 / 30 Country USA

9. Name and Address of Current Registered Agent

BIANK, ROSEMARY
13155 IXORA CT
#406
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: Andrew Meyrowitz
82 Street Address (P.O. Box Number is Not Acceptable): S.C.I.
83: 2901 S. Imms St.
84 City: Hollywood FL 85 Zip Code: 33020

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] 3/1/95
(If changed, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SECRETARY	11 TITLE	☐ Change ☐ Addition
NAME	KEYS, CAROL	12 NAME	
STREET ADDRESS	13155 IXORA CT. 1001	13 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, JOHN N/A	22 NAME	
STREET ADDRESS	13155 IXORA CT., #212	23 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	24 CITY-ST-ZIP	
TITLE	S VICE PRESIDENT	31 TITLE	☐ Change ☐ Addition
NAME	BENNETT, CRYSTAL	32 NAME	
STREET ADDRESS	13155 IXORA CT., #604	33 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	34 CITY-ST-ZIP	
TITLE	T PRESIDENT	41 TITLE	☐ Change ☐ Addition
NAME	BIANK, ROSEMARIE	42 NAME	
STREET ADDRESS	13155 IXORA CT., #406	43 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	44 CITY-ST-ZIP	
TITLE	D TREASURE	51 TITLE	☐ Change ☐ Addition
NAME	COLEN, MARILYN	52 NAME	
STREET ADDRESS	13155 IXORA CT., #1008	53 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	54 CITY-ST-ZIP	
TITLE	DIRECTOR	61 TITLE	☐ Change ☐ Addition
NAME	BARBARA TRAEGER #304	62 NAME	
STREET ADDRESS	13155 IXORA CT.	63 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI, FL.	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] 1/30/95 (305) 891-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — (Area Code) Telephone #

0044073