

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727404

1. Corporation Name

KEYSTONE HARBOR CLUB CONDOMINIUM
ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED

May 01, 1996 08:00 AM

Secretary of State

700001856017
-06/07/96--01073--023
***61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Summit Property Mgmt		26 P.O. Box 189013		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
22 P.O. Box 189013		27		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Plantation, FL		28 Plantation, FL		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29		30	
24 33313		25 USA		33313		USA	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~Andrew Meyrowitz~~
~~c/o D.C.I.~~
~~2901 Simms Street~~
~~Hollywood, FL 33020~~

81 Name
Summit Property Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
6289 W. Sunrise Boulevard
83 #202
84 City
Sunrise
FL 85 Zip Code
33313

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: *[Signature]* DATE: 5/6/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Rosemarie Biark
STREET ADDRESS		1.3 STREET ADDRESS	13155 Kora Ct., #406
CITY-ST-ZIP		1.4 CITY-ST-ZIP	N. Miami, FL
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Lynda Pety
STREET ADDRESS		2.3 STREET ADDRESS	13155 Kora Ct., #209
CITY-ST-ZIP		2.4 CITY-ST-ZIP	N. Miami, FL
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Andre Chiasson
STREET ADDRESS		3.3 STREET ADDRESS	13155 Kora Ct., #511
CITY-ST-ZIP		3.4 CITY-ST-ZIP	N. Miami, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Marlyn Cole
STREET ADDRESS		4.3 STREET ADDRESS	13155 Kora Ct., #1008
CITY-ST-ZIP		4.4 CITY-ST-ZIP	N. Miami, FL
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Barbara Traeger
STREET ADDRESS		5.3 STREET ADDRESS	13155 Kora Ct., #304
CITY-ST-ZIP		5.4 CITY-ST-ZIP	N. Miami, FL
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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]* DATE: 4/22/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)