

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **727404** (6)

1. Corporation Name

KEYSTONE HARBOR CLUB COMDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

~~SUNRISE PROPERTY GROUP~~
P.O. BOX 189013
PLANTATION FL 33318
US

~~SUNRISE PROPERTY GROUP~~
P.O. BOX 189013
PLANTATION FL 33313

3. Date Incorporated or Qualified

09/10/1973

4. FEI Number

59-1542964

Applied For

Not Applicable

2. Principal Place of Business

21 c/o Castle Group

2a. Mailing Address

26 c/o Castle Group

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SUNRISE PROPERTY GROUP~~
**4450 W SUNRISE BLVD
C-100
PLANTATION FL 33313**

81 Name

Castle Property Services Group, Inc.

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

Gail H. Sangunett

Gail H. Sangunett, Vice President - Administration 3/3/98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **VD
COHAN, ARNI**
STREET ADDRESS **13155 IXORA CT #704**
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ DELETE

NAME **SD
PETY, LYNDIA**
STREET ADDRESS **13155 IXORA CT #209**
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ DELETE

NAME **D
RODRIGUEZ, JORGE**
STREET ADDRESS **13155 IXORA CT #306**
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ DELETE

NAME **PD
BIANK, ROSEMARIE**
STREET ADDRESS **13155 IXORA CT., #406**
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ DELETE

NAME **DT
COLEN, MARILYN**
STREET ADDRESS **13155 IXORA CT., #1008**
CITY-ST-ZIP **N. MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, as an attachment with my address.

SIGNATURE:

Rosemarie Biant

Rosemarie Biant, President 3/3/98 (305) 947-7488

CR2E037 (1097)