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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727404

1. Corporation Name

KEYSTONE HARBOR CLUB COMDOMINIUM ASSOCIATION, INC.
C.

Principal Place of Business

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33318
US

Mailing Address

C/O CASTLE GROUP
P.O. BOX 189013
PLANTATION FL 33313
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

09/10/1973

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

9. Name and Address of Current Registered Agent

CASTLE PROPERTY SERVICES INC
4450 W SUNRISE BLVD
C-100
PLANTATION FL 33313

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE SD DELETE
NAME PETY, LYNDA
STREET ADDRESS 13155 IXORA CT #209
CITY-ST-ZIP N. MIAMI FL

TITLE VD DELETE
NAME RODRIGUEZ, JORGE
STREET ADDRESS 13155 IXORA CT #306
CITY-ST-ZIP N. MIAMI FL

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

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
1.2 NAME GRAHAM, JOHN
1.3 STREET ADDRESS 13155 IXORA CT. #212
1.4 CITY-ST-ZIP N. MIAMI, FL 33181

2.1 TITLE SD Change Addition
2.2 NAME Anderson, John
2.3 STREET ADDRESS 13155 IXORA CT #1110
2.4 CITY-ST-ZIP N. MIAMI, FL 33181

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TB Change Addition
4.2 NAME BURICH, ADRIENNE
4.3 STREET ADDRESS 13155 IXORA CT. #602
4.4 CITY-ST-ZIP N. MIAMI, FL 33181

5.1 TITLE D Change Addition
5.2 NAME PARKER, ADRIAN
5.3 STREET ADDRESS 13155 IXORA CT. #804
5.4 CITY-ST-ZIP N. MIAMI, FL 33181

6.1 TITLE Change Addition
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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED John Graham, President 3/10/99 (305) 947-7488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)