2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2000 8:00 am
Secretary of State
04-07-2000 90031 024 ****61.25

DOCUMENT # 727404

1. Entity Name

KEYSTONE HARBOR CLUB COMDOMINIUM ASSOCIATION, IN

AUD34477

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~C/O CASTLE GROUP~~ ~~P.O. BOX 109013~~ ~~PLANTATION FL 33318~~ ~~US~~	~~C/O CASTLE GROUP~~ ~~P.O. BOX 109013~~ ~~PLANTATION FL 33318-9013~~ ~~US~~
2. Principal Place of Business 13155 IXORA CT. Suite, Apt. #, etc.	3. Mailing Address 13155 IXORA CT. Suite, Apt. #, etc.
City & State N. Miami, FL	City & State N. Miami, FL
Zip: 33181 Country:	Zip: 33181 Country:

4. FEI Number: 59-1542964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~CASTLE PROPERTY SERVICES INC~~ ~~1100 W SUNRISE BLVD~~ ~~C-100~~ ~~PLANTATION FL 33313~~	Name: Becker and Poliakoff, P.A. Street Address (P.O. Box Number is Not Acceptable): 5201 Blue Lagoon Drive Suite 100 City: Miami FL Zip Code: 33126

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Rosa M. de la Camara — Rosa M. De La Camara, Atty. for Becker & Poliakoff, P.A. — DATE: 3/23/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GRAHAM, JOHN 13155 IXORA CT. #212 N. MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANDERSON, JOHN 13155 IXORA CT. #110 N. MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Alexander, John	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RODRIGUEZ, JORGE 13155 IXORA CT #306 N. MIAMI FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD TRAEGER, BARBARA 13155 IXORA CT. # 304 N. Miami, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BURICH, ADRIENNE 13155 IXORA CT. #602 N. MIAMI FL 33181	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IZZI, RICHARD 13155 IXORA CT., # PH6 N. Miami, FL	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PARKER, ADRIAN 13155 IXORA CT #804 N. MIAMI FL 33181	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John Alexander, ESQUIRE — John Alexander, President — 3/8/00 — (305) 891-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #