


Page 1 of 4

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # 727404**

1. Entity Name  
**KEYSTONE HARBOR CLUB CONDOMINIUM ASSOCIATION, INC.**



**FILED**  
**04 MAY -3 AM 11:53**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business  
**13155 IXORA COURT**  
**N MIAMI, FL 33181 US**

Mailing Address  
**13155 IXORA COURT**  
**N MIAMI, FL 33181 US**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

05062004 Chg-NP CR2E037 (10/03)

City & State  
 Zip 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

**BROCATO, TONY**  
**13155 IXONA COURT**  
**OFFICE**  
**NORTH MIAMI, FL 33181**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COHAN, ARNI</b> <b>13155 IXORA CT. UNIT 704</b> <b>N MIAMI, FL 33181</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PARKER, ADRAIN</b> <b>2999 SAMBRERO BLVD</b> <b>MARATHON, FL 33050</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>DEREDA, TIM</b> <b>13155 IXORA CT UNIT 101</b> <b>NORTH MIAMI, FL 33181</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>GIVENS, LINDA</b> <b>13155 IXORA CT. #411</b> <b>NORTH MIAMI, FL 33181</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KATHLEEN, JOHN</b> <b>13155 IXORA CT #1104</b> <b>NORTH MIAMI, FL 33181</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**400036276074**  
~~05/13/04-01078-002~~ **\*\*61.25**

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:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Division of Corporations

Page 1 of 2

*page copy*

www.sunbiz.org

### Division of Corporations

## Annual Report

Page 1

Document Number

727404

Business Entity Name

KEYSTONE HARBOR CLUB CONDOMINIUM ASSOCIATION, INC.

FBI Number

591542964

FBI Number Status

Applied For  Not Applicable  Current

Certificate of Status Desired

Yes  No

#### Principal Place of Business

Address

13155 IXORA COURT

Suite, Apt. #, etc.

City, State

N MIAMI

FL

Zip Code & Country

33181

US

#### Mailing Address

Address

13155 IXORA COURT

Suite, Apt. #, etc.

City, State

N MIAMI

FL

Zip Code & Country

33181

US

#### Name And Address of Registered Agent

Name (Last, First, Middle, Title)

BROCATO

TONY

-or- RA Business Name

Address

13155 IXONA COURT

Suite, Apt. #, etc.

OFFICE

City, State

NORTH MIAMI

FL

Zip Code & Country

33181

US

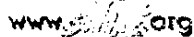
If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business-entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature

*Tony Brocato*  
TONY BROCATO

Division of Corporations

Page 1 of 2



# Division of Corporations

*Page 3 of 4*

## Annual Report

Page 2

Document Number

727404

Business Entity Name

**KEYSTONE HARBOR CLUB CONDOMINIUM ASSOCIATION, INC.**

Election Campaign Financing Trust Fund Contribution  Yes  No

### Officer/Director Name And Address

Title	P
Name (Last, First, Middle, Title)	COHAN ARNI
-or- Entity Name	
Street Address	13155 IXORA CT. UNIT 704
City, State	N MIAMI, FL
Zip Code & Country	33181
Title	VP
Name (Last, First, Middle, Title)	PARKER ADRAIN
-or- Entity Name	
Street Address	2999 SAMBRERO BLVD
City, State	MARATHON, FL
Zip Code & Country	33050
Title	T
Name (Last, First, Middle, Title)	DEREDA TIM
-or- Entity Name	
Street Address	13155 IXORA CT UNIT 101
City, State	NORTH MIAMI, FL
Zip Code & Country	33181
Title	S
Name (Last, First, Middle, Title)	GIVENS LINDA
-or- Entity Name	
Street Address	13155 IXORA CT. #411

Division of Corporations

Page 2 of 2

*page 4 of 4*

City, State NORTH MIAMI, FL  
Zip Code & Country 33181

Title D  
Name (Last, First, Middle, Title) SPARK SUSAN

-or- Entity Name  
Street Address 13155 IXORA CT #612

City, State NORTH MIAMI, FL  
Zip Code & Country 33181

Title  
Name (Last, First, Middle, Title)

-or- Entity Name  
Street Address

City, State  
Zip Code & Country

List more than six Officers/Directors  No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title Pres.  
Officer/Director Signature X *Aini Cohen*

Continue Reset

Start Over

Sunbiz Home Page

Public Access Help