

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90016 021 ****61.25

DOCUMENT # 727404

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



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

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

40000000



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06302006 Chg-NP CR2E037 (4/06)

City & State

City & State

4. FEI Number
59-1542964

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name **Tracy Leppo**
Street Address (P.O. Box Number is Not Acceptable)
13155 IXORA CT. (OFFICE)
City **N-Miami** FL Zip Code **33181**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Delete
NAME **P**
PARKER, ADRIAN
STREET ADDRESS **1999 SAMBRERO BLVD**
CITY-ST-ZIP **MARATHON, FL 33050**

TITLE ☒ Change ☐ Addition
NAME **President**
JAMES Anthony
STREET ADDRESS **13155 IXORA CT # 1107**
CITY-ST-ZIP **N. Miami, FL 33181**

TITLE ☐ Delete
NAME **VP**
WINCHESTER, KENNETH
STREET ADDRESS **13155 IXORA COURT UNIT 1108**
CITY-ST-ZIP **MIAMI, FL 33181**

TITLE ☐ Change ☐ Addition
NAME **1**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **T**
DEREDA, TIM
STREET ADDRESS **13155 IXORA CT UNIT 101**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☒ Change ☐ Addition
NAME **TD**
Jerry Paquakatos
STREET ADDRESS **13155 IXORA CT # 805**
CITY-ST-ZIP **N. Miami, FL 33181**

TITLE ☒ Delete
NAME **S**
SPARK, SUSAN
STREET ADDRESS **13155 IXORA CRT #612**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☒ Change ☐ Addition
NAME **D**
MARK Mason # 811
STREET ADDRESS **13155 IXORA CT**
CITY-ST-ZIP **N. Miami, FL 33181**

TITLE ☒ Delete
NAME **D**
KATTLEMAN, JOHN
STREET ADDRESS **13155 IXORA CRT #1104**
CITY-ST-ZIP **NORTH MIAMI, FL 33181**

TITLE ☒ Change ☐ Addition
NAME **D**
Ivan Barrosa # 212
STREET ADDRESS **13155 IXORA CT**
CITY-ST-ZIP **N. Miami, FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #