

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90103 001 ****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**

40004550



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172007 Chg-NP CR2E037 (12/06)

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

**LEPPO, TRACY
13155 IXORA CT
NORTH MIAMI, FL 33181**

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

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 May 1, 2007**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ANTHONY, JAMES
13155 IXORA CT #407
N. MIAMI, FL 33181** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
Geany Pagoulakis
13155 Ixora Ct #305
N. Miami, FL 33181** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
Damos Georganhdes
13155 Ixora Ct #801
N. Miami, FL 33181** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
DEREDA, TIM
13155 IXORA CT #305
NORTH MIAMI, FL 33181** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
MASON, MARK
13155 IXORA CT #811
NORTH MIAMI, FL 33181** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BARROSA, IVAN
13155 IXORA CT #212
NORTH MIAMI, FL 33181** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #