2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#762733

FILED Jan 08, 2007 Secretary of State

Entity Name: KEYSTONE MANOR CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2225 NE 123RD STREET (BROAD CAUSEWAY) NORTH MIAMI, FL 33181 **Current Mailing Address: New Mailing Address:** PO BOX 841437 PEMBROKE PINES, FL 33084 FEI Number: 59-2183439 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LJ SERVICES GROUP LJ SERVICES GROUP C/O LINDA JOHNSON C/O LINDA JOHNSON 1941 NORTHWEST 86 AVENUE 2225 NE 123 ST OFFICE PEMBROKE PINES, FL 33024 US NORTH MIAMI, FL 33181 US 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: LINDA JOHNSON 01/08/2007 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition TOMCZAK, JOHN Name: Name: 2225 NE 123 ST #214 Address: Address: City-St-Zip: N MIAMI, FL 33181 City-St-Zip: Title: VD () Delete Title: () Change () Addition KIRKSLEY, EDDIE Name: Name: Address: 2225 NE 123 ST #105 Address: City-St-Zip: N MIAMI, FL 33181 City-St-Zip: Title: () Delete Title: (X) Change () Addition DE LA MATA, MAYTE Name: PILOTO, OSCAR Name: 2225 NE 123 ST #212 2225 NE 123 ST #108 Address: Address: City-St-Zip: N MIAMI, FL 33181 City-St-Zip: N MIAMI, FL 33181 Title: (X) Delete Title: () Change () Addition Name: REINHART, SEAN Name: Address: 2225 NE 123 ST #215 Address: City-St-Zip: N. MIAMI, FL 33181 City-St-Zip: Title: Title: (X) Delete () Change () Addition PILOTO, OSCAR Name: Name: 2225 NE 123 ST #208 Address: Address: City-St-Zip: N. MIAMI, FL 33181 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN TOMCZK PD 01/08/2007