2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 03, 2004 8:00 am Secretary of State DOCUMENT # N01000007419 1. Entity Name 05-03-2004 91032 040 ****61.25 KEYSTONE COURTS CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 12235 SW 129TH COURT 9330 FONTRINEBLEAU BLVD MIAMI FL 33186 **MIAMI FL 33172** 2. Principal Place of Business 3. Mailing Address 9330 FONTAINEBLEAU BLUD SAME Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 04-3649859 FLORIDA MIAMI Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33172 MIAMI-DADE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent V.T.J. MANAGEMENT BRODI, SIDNEY Z Street Address (P.O. Box Number is Not Acceptable) **GATEWAY TITLE COMPANY** PH-1 7270 NW 12TH STREET 9330 FONTRINEBLEAU BLUD **MIAMI FL 33126** Zip Code MIAMYN FLORIDA 33172 pose of changing its registered office by Adistered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this staten the obligations of registered agent. VIRGILIO MARTIN, PRESIDENT 4-26-04 SIGNATURE 9. Election Campaign Financing FILE NOW: FEE \$ \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Florida Department of State Due By May 1, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 DIRECTOR Change Addition TITI F 🛣 Delete TITLE MOURIZ, MIGUEL DOLORES HERNANDEZ NAME NAME 9340 FONTAINE BLEAU BLVD. \$ 503 12235 SW 129TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP FLOIZIBA 33172 MIAMI TITLE X Delete TITLE DIRECTOR ☐ Change **X** Addition PUIG, ENRIQUE ANA C. AUGUSTO NAME 9300 FONTAINE GLEAU BWO \$ 404 12235 SW 129TH COURT STREET ADDRESS STREET ADDRESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP FLORIDA MIAMI STD Addition TITLE ☐ Delete TITLE Change MOURIZ, REINALDO NAME NAME 12235 SW 129TH COURT STREET ADDRESS STREET ADORESS MIAMI FL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Addition TITI F ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the informatio indicated on this report or supply of the corporation or the receipt the corporation or the receipt the corporation or on an attachment. 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 nental 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 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 an address, with all other like empowered. of the corporation or the receichanged, or on an attachmen

REINALDOMOURIZ JEERETARY

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED