

# 2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

2007 SEP 13 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # N06000010201</b> 1. Entity Name <b>KEYSTONE PARK CONDOMINIUM ASSOCIATION, INC.</b>	
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Principal Place of Business <b>4242 NW 2ND STREET MIAMI, FL 33126</b>	Mailing Address <b>9330 FONTIANEBLEAU BLVD MIAMI, FL 33172</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

08212007 Chg-NP CR2E037 (12/06)

4. FEI Number <del>59-2171808</del> <b>42-1722251</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**VTJ MANAGEMENT INC.  
9330 FONTIANEBLEAU BLVD.  
MIAMI, FL 33172**

**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)

<b>Amended AR is \$81.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOURIZ, REINALDO	
STREET ADDRESS	10 NW LEJEUNE RD SUITE 400	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MOURIZ, MIGUEL	
STREET ADDRESS	10 NW LEJEUNE RD SUITE 400	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	PUIG, ENRIQUE	
STREET ADDRESS	10 NW LEJEUNE RD SUITE 400	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FERRER, PABLO	
STREET ADDRESS	4242 NW 2ND STREET APT#906	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	D	<input type="checkbox"/> Delete
NAME	VAZQUEZ, JOSE	
STREET ADDRESS	4242 NW 2ND STREET APT# 1510	
CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>000109594010</b>	
CITY-ST-ZIP	<b>09/18/07--01065--020 **\$1.25</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_