

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010201

FILED
May 14, 2009
Secretary of State

Entity Name: KEYSTONE PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

4242 NW 2ND STREET
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

9330 FONTIANEBLEAU BLVD
MIAMI, FL 33172

New Mailing Address:

FEI Number: 42-1722251 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOURIZ, REINALDO
Address: 10 NW LEJEUNE RD SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: VPD () Delete
Name: MOURIZ, MIGUEL
Address: 10 NW LEJEUNE RD SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: VPD () Delete
Name: PUIG, ENRIQUE
Address: 10 NW LEJEUNE RD SUITE 400
City-St-Zip: MIAMI, FL 33126

Title: D () Delete
Name: VAZQUEZ, JOSE
Address: 4242 NW 2ND STREET APT# 1510
City-St-Zip: MIAMI, FL 33126

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: QUINTERO, MADELINE
Address: 4242 NW 2ND STREET APT# 810
City-St-Zip: MIAMI, FL 33126

Title: D () Change (X) Addition
Name: ECHENIQUE, PATRICIA
Address: 4242 NW 2ND STREET APT# 1008
City-St-Zip: MIAMI, FL 33172

I hereby certify that the information supplied with this filing does not qualify 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: REINALDO MOURIZ

_____ Electronic Signature of Signing Officer or Director

RM

05/14/2009

_____ Date