

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47802

FILED
Jan 23, 2004
Secretary of State

Entity Name: KEYSTONE SQUARE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

524 PAUL MORRIS DR
ENGLEWOOD, FL 34223 US

New Principal Place of Business:

Current Mailing Address:

5206 THE POINTE
ENGLEWOOD, FL 34223 US

New Mailing Address:

FEI Number: 65-0400157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIGNAM, THOMAS M
5206 THE POINTE
ENGLEWOOD, FL 34223 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: D () Delete
Name: DIGNAM, THOMAS M.,
Address: 5206 THE POINTE
City-St-Zip: ENGLEWOOD, FL

Title: D () Delete
Name: MARTINEAU, PAUL J.,
Address: 180 RICH STREET
City-St-Zip: VENICE, FL

Title: D () Delete
Name: MARTINEAU, ALBERT,
Address: 1336 OAK POINT CT
City-St-Zip: VENICE, FL 34294

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: THOMAS DIGNAM

PRES

01/23/2004

Electronic Signature of Signing Officer or Director

Date