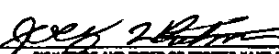


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

01-28-2005 90033 038 ****61.25

DOCUMENT # N47802			
1. Entity Name KEYSTONE SQUARE CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 524 PAUL MORRIS DR ENGLEWOOD, FL 34223 US		Mailing Address 5206 THE POINTE ENGLEWOOD, FL 34223 US	
2. Principal Place of Business		3. Mailing Address P.O. Box 974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Englewood, FL	
Zip	Country	Zip	Country
34295	USA	34295	USA
4. FEI Number 65-0400157		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DIGNAM, THOMAS M. 5206 THE POINTE ENGLEWOOD, FL 34223		Name Joey Whitmarsh Street Address (P.O. Box Number is Not Acceptable) 524 Paul Morris Dr. Unit E City Englewood FL Zip Code 34223	
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  Joey Whitmarsh Pres.		DATE 1-10-05	
Filing Fee is \$81.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIGNAM, THOMAS M. 5206 THE POINTE ENGLEWOOD, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Joey Whitmarsh 524 Paul Morris Dr. Suite E Englewood, FL 34223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	O MARTINEAU, PAUL J. 180 RICH STREET VENICE, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treas/D Mark C. DeRose 524 Paul Morris Dr. Suite G Englewood, FL 34223 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTINEAU, ALBERT 1336 OAK POINT CT VENICE, FL 34294 ☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/D William Schork 7177 Brookhaven Terr. Englewood, FL 34224 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information 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 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:  Joey Whitmarsh.		Date 1-10-05 (941) 474-6715	