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1954433761 L+M SATOZKY
FROM MIAMI FL 1 CRUIARD 304 040

FILE NOW: FILING FEE IS \$81.25

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90015 036 ****70.00

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

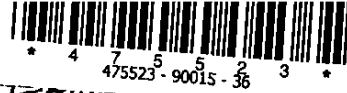
DOCUMENT # N98000004340

1. Corporation Name

Keystone Lake Homeowners Association, Inc.

Post-It™

To: LVA
Co: HA
Dept: 301
Fax: 305-127-8011



Principal Place of Business

Mailing Address

c/o Miami Management Inc.
1189 Sawgrass Corp Pkwy
Sunrise, FL 33323

2. Principal Place of Business 1) 40 GABLES PROPERTY MNGMT. Suite, Apt. #, etc. 2) 3300 CORPORATE AVE. #110 City & State 3) WESTON FLORIDA Zip 4) 33331 Country 25) BROWARD		2a. Mailing Address 26) 40 GABLES PROPERTY MNGMT. Suite, Apt. #, etc. 27) 3300 CORPORATE AVE. #110 City & State 28) WESTON, FLORIDA Zip 29) 33331 Country 30) BROWARD		3. Date Incorporated or Qualified 7/28/98		4. FEI Number 65-0597668 Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8.75 Additional Fee Required		85.00 May Be Added to Fees	
8. Name and Address of Current Registered Agent Robbins, Charles D. c/o Wampler, Buchanan & Breen, P.A. 900 Suntrust Bldg. 777 Brickell Ave Miami, FL 33131				10. Name and Address of New Registered Agent 81 Agency 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code Rosen & Kreiling, P.A. - Edd Kreiling 2500 Weston Road Suite 220 Weston FL 33331			

11. Pursuant to the provisions of Sections 617.0603 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the duties of, the registered agent as defined in Section 617.0603, Florida Statutes.

SIGNATURE: [Signature] DATE: 4/13/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP NAME James Carr STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE DP 1.2 NAME Louise Satozky 1.3 STREET ADDRESS 19367NW 23 St. 1.4 CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE BVPSI NAME Harold Eisenacher STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME Angelo Grande 2.3 STREET ADDRESS 2317 NW186 Ave 2.4 CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPSTD NAME Diana Ibarria STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE VPD 3.2 NAME Stanley Ike Wetherill 3.3 STREET ADDRESS 2328 NW 187 Ave. 3.4 CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE AsstSD NAME Suzanne Franco STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE VPD 4.2 NAME LuAnn Lacova 4.3 STREET ADDRESS 19455 NW 24 Pl. 4.4 CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE VPD 5.2 NAME Nancy Asiatico 5.3 STREET ADDRESS 19456 NW 24 Pl. 5.4 CITY-ST-ZIP Pembroke Pines, FL 33029	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual 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 12 or Block 13 if deleted, or on an attachment with an address, with or other like empowerment.

SIGNATURE: Louise Satozky 4/26/99 (954) 349-8777 954-433-7761
Louise Satozky 4/12/99 954-433-7761