

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90140 009 ****61.25

719454



DO NOT WRITE IN THIS SPACE

DOCUMENT # N98000004340

1. Entity Name

KEYSTONE LAKE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GABLES PROPERTY MANGEMENT
 3300 CORPORATE AVENUE, STE #110
 WESTON FL 33331
 US

C/O GABLES PROPERTY MANGEMENT
 3300 CORPORATE AVENUE, STE #110
 WESTON FL 33331-3504
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0597668

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROGEN & KREILING, P.A. - EDD KREILING
 2500 WESTON RD,
 SUITE #220
 WESTON FL 33331

Name

KAYE & ROGERS ~~Randall Roger~~

Street Address (P.O. Box Number is Not Acceptable)

6261 NW 6th WAY # 103

City

Fort Lauderdale

FL

Zip Code

33309

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.

SIGNATURE

Signature by you or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Randall Roger
C/O Kaye & Rogers

4/18/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	SATOZKY, LOUISE	
STREET ADDRESS	19367 NW 23 STREET	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	ASIATICO, NANCY	
STREET ADDRESS	19454 NW 24 PLACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LACOVA, LUANN	
STREET ADDRESS	19455 NW 24 PL	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GRANDE, ANGELO	
STREET ADDRESS	2317 NW 186 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	WEHERILL, STANLEY I	
STREET ADDRESS	2238 NW 187 AVE	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANUEL E. MARTINEZ	
STREET ADDRESS	3300 CORPORATE AVE #110	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTHA ELLEN THOMPSON	
STREET ADDRESS	3300 CORPORATE AVE #110	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID P. TESSEO	
STREET ADDRESS	3300 CORPORATE AVE #110	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Angelo Grande	
STREET ADDRESS	3300 CORPORATE AVE #110	
CITY-ST-ZIP	WESTON FL 33331	
TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Asiatico	
STREET ADDRESS	3300 CORPORATE AVE #110	
CITY-ST-ZIP	WESTON FL 33331	
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 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:

Nancy Asiatico

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)