

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

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DOCUMENT # 727404 (6)

1. Corporation Name

**KEYSTONE HARBOR CLUB COMDOMINIUM ASSOCIATION, IN
C.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

13155 IXORA COURT
NORTH MIAMI FL 33181-2301

13155 IXORA COURT
NORTH MIAMI FL 33181-2301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/10/1973

3a. Date of Last Report
04/15/1994

4. FEI Number
59-1542964

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIANK, ROSEMARY
13155 IXORA CT
#408
N. MIAMI FL 33181

81 Name **Andrew Heyrowitz**
82 Street Address (P.O. Box Number is Not Acceptable)
S.C.I.
83 **2901 Simms St.**
84 City **Hollywood** FL 85 Zip Code **33020**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

3/1/95

12. OFFICERS AND DIRECTORS

TITLE	PD SECRETARY
NAME	KEYS, CAROL
STREET ADDRESS	13155 IXORA CT. 1001
CITY-ST-ZIP	N. MIAMI FL
TITLE	VP
NAME	GRAHAM, JOHN
STREET ADDRESS	13155 IXORA CT., #212
CITY-ST-ZIP	N. MIAMI FL
TITLE	S. VICE PRESIDENT
NAME	BENNETT, CRYSTAL
STREET ADDRESS	13155 IXORA CT., #604
CITY-ST-ZIP	N. MIAMI FL
TITLE	T. PRESIDENT
NAME	BIANK, ROSEMARIE
STREET ADDRESS	13155 IXORA CT., #408
CITY-ST-ZIP	N. MIAMI FL
TITLE	D. TREASURER
NAME	COLEN, MARILYN
STREET ADDRESS	13155 IXORA CT., #1008
CITY-ST-ZIP	N. MIAMI FL
TITLE	DIRECTOR
NAME	BARBARA TRAEGER #304
STREET ADDRESS	13155 IXORA CT.
CITY-ST-ZIP	MIAMI, FL.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), Florida Statutes. I further certify that the information indicated 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 changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/95

(305) 891-3880