

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90113 007 \*\*\*\*61.25

**DOCUMENT # 722400**

1. Entity Name

THE KEITH APARTMENTS, INC.



Principal Place of Business

1524 S.E. 2ND STREET  
FT. LAUDERDALE FL 33301

Mailing Address

1524 S.E. 2ND STREET  
APT #8  
FT. LAUDERDALE FL 33301



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

31-1324146

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHMIDT, EMERSON M  
1524 SE 2ND STREET, APT 8  
FT. LAUDERDALE FL 33301

Name

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

TITLE: D ☒ Delete  
NAME: MARTINO, LOU  
STREET ADDRESS: 30 ACADEMY AVE.  
CITY-ST-ZIP: ERIE PA 16509

TITLE: ☐ Delete  
NAME: SCHMIDT, EMERSON  
STREET ADDRESS: 1524 SE 2ND ST, APT 8  
CITY-ST-ZIP: FORT LAUDERDALE FL 33301

TITLE: D ☐ Delete  
NAME: MIDDELER, JUDY  
STREET ADDRESS: 2411 COUNTRY PLACE  
CITY-ST-ZIP: NEW RICHMOND OH 45157

TITLE: DP ☐ Delete  
NAME: CHURCH, TOMAS  
STREET ADDRESS: 9165 FOOTMILL RD  
CITY-ST-ZIP: ERIE PA 16509

TITLE: DVS ☐ Delete  
NAME: DEMARTINO, LOUIS  
STREET ADDRESS: 30 ACADEMY AVE  
CITY-ST-ZIP: ERIE PA 16509

TITLE: D ☐ Delete  
NAME: VITANZA, ALFRED  
STREET ADDRESS: 13 HOLLIDAY DR  
CITY-ST-ZIP: HAWLEY PA 18428-9642

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: D ☒ Change ☒ Addition  
NAME: HAYNES, CARYN  
STREET ADDRESS: P.O. Box 100542  
CITY-ST-ZIP: FT Lauderdale, FL 33310

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: DP ☐ Change ☐ Addition  
NAME: CHURCH, THOMAS  
STREET ADDRESS: 9165 Footemill Rd  
CITY-ST-ZIP: ERIE, PA 16509

TITLE: DV ☒ Change ☐ Addition  
NAME: DEMARTINO, LOUIS  
STREET ADDRESS: 9095 Benjamin Rd.  
CITY-ST-ZIP: ERIE, PA 16509

TITLE: D ☐ Change ☐ Addition  
NAME: VITANZA, ALFRED  
STREET ADDRESS: 13 Holiday Dr  
CITY-ST-ZIP: Hawley, PA 18428-4514

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Emerson M Schmidt* EMERSON M SCHMIDT 4/25/07 463 9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #