FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 21 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 737306 (1)

1. Corporation Name
KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1801 KEYSTONE RD. NO. MIAMI FL 33181	1801 KEYSTONE ~~RD.~~ BLVD. NO. MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/16/1976
3a. Date of Last Report: 01/27/1994
4. FEI Number: 59-1059821 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ ~~$5.00~~ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

COOPER, ROBERT R.
1801 KEYSTONE ~~RD.~~ BLVD,
N. MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Robert R. Cooper DATE: FEB 95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~ VICE PRESIDENT	1.1 TITLE	VP PRESIDENT ☑ Change ☐ Addition
NAME	PHILCH, SHARON	1.2 NAME	EDMUND K. ZAHN, M.D.
STREET ADDRESS	12995 ORTEGA LN	1.3 STREET ADDRESS	13005 ARCH CREEK TERRACE
CITY-ST-ZIP	N. MIAMI FL 33181	1.4 CITY-ST-ZIP	NORTH MIAMI, FL 33181-2233
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	SEZZIN, MIJ	2.2 NAME	
STREET ADDRESS	1920 S. HIBISCUS DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, JOSEPH	3.2 NAME	
STREET ADDRESS	13000 BISCAYNE IS. TERR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, ROBERT C.	4.2 NAME	
STREET ADDRESS	13045 CORONADO LN	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI, FL 33181	4.4 CITY-ST-ZIP	
		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(i), 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: Edmund K. Zahn MD EDMUND K. ZAHN, MD 4-17-95 (305) 893-9171
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0044440