

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **737306** (1)  
1. Corporation Name  
**KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business: **1801 KEYSTONE BLVD NO. MIAMI FL 33181 US**  
Mailing Address: **1801 KEYSTONE BLVD NO. MIAMI FL 33181 US**

3. Date Incorporated or Qualified: **11/16/1976**  
3a. Date of Last Report: **04/21/1995**

2. Principal Place of Business: **13000 BISCAYNE ISLAND TERR**  
2a. Mailing Address: **13000 BISCAYNE ISLAND TERR**  
21. Suite, Apt. #, etc.: **HOUSE**  
22. **HOUSE**  
23. City & State: **NORTH MIAMI, FL**  
24. Zip: **33181**  
25. Country: **DADE**  
26. Suite, Apt. #, etc.: **Same**  
27. **Same**  
28. City & State: **NORTH MIAMI, FL**  
29. Zip: **33181**  
30. Country: **DADE COUNTY**  
4. FEI Number: **59-1059821**  
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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **COOPER, ROBERT R. 1801 KEYSTONE RD. N. MIAMI FL 33181**  
10. Name and Address of New Registered Agent:  
81. Name: **JOSEPH BERNSTEIN**  
82. Street Address (P.O. Box Number is Not Acceptable): **13000 BISCAYNE ISLAND TERRACE**  
83.   
84. City: **N. MIAMI, FL** Zip Code: **33181**

11. Pursuant to the provisions of Sections 617.0502 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: **JOSEPH BERNSTEIN** (NOTE: Registered agent's signature required when registering) **Joseph Bernstein** DATE: **1/19/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE <b>DIRECTOR</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZAHN, EDMUND K. M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>13005 ARCH CREEK TERRACE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE <b>DIRECTOR</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEZZIN, MIJ</b>	2.2 NAME	
STREET ADDRESS	<b>1920 S. HIBISCUS DR.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE <b>DIRECTOR</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BERNSTEIN, JOSEPH</b>	3.2 NAME	
STREET ADDRESS	<b>13000 BISCAYNE IS. TERR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI, FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COOPER, ROBERT C.</b>	4.2 NAME	
STREET ADDRESS	<b>13045 CORONADO LN</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N MIAMI, FL 33181</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TRACTON JAMES</b> <input type="checkbox"/> DELETE <b>DIRECTOR</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRACTON JAMES</b>	5.2 NAME	
STREET ADDRESS	<b>12700 N. BAYSHORE DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI, FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **JOSEPH BERNSTEIN** **Joseph Bernstein** DATE: **1/19/96** Daytime Phone #: **891-6689**

CR2E037 (12/95)