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Jun 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **737306**
 1. Corporation Name
Keystone Point Homeowners Assoc. Inc.

Principal Place of Business Mailing Address
1801 Keystone Blvd.
N. Miami FA. 33181

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified **11-16-76** 3a. Date of Last Report **3-6-96**
 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 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
Joseph Bernstein
13000 Biscayne Island Ter.
North Miami FLA. 33181

10. Name and Address of New Registered Agent
 81 Name **Sharon J. Pilch**
 82 Street Address (P.O. Box Number is Not Acceptable) **12945 Ortega Lane**
 83 **North Miami**
 84 City **FL** 85 Zip Code **33181**

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 **Sharon J. Pilch** **President** DATE **5/25/96**

12. OFFICERS AND DIRECTORS

TITLE	President	<input checked="" type="checkbox"/> DELETE
NAME	Edmund K Zahn M.D.	
STREET ADDRESS	13005 Arch Creek Terrace	
CITY-ST-ZIP	N. Miami FA. 33181	
TITLE	Joseph Bernstein	<input checked="" type="checkbox"/> DELETE
NAME	13000 Biscayne Isl. Terrace	
STREET ADDRESS	N. Miami, FA. 33181	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	(President) Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Sharon Pilch	
1.3 STREET ADDRESS	12945 Ortega Lane	
1.4 CITY-ST-ZIP	N. Miami FA. 33181	
2.1 TITLE	(Vice Pres.) Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph Weil	
2.3 STREET ADDRESS	2055 Keystone Blvd.	
2.4 CITY-ST-ZIP	N. Miami FA. 33181	
3.1 TITLE	(2 Vice President) Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	James Tracton	
3.3 STREET ADDRESS	12700 N. Bayshore Dr.	
3.4 CITY-ST-ZIP	N. Miami FL. 33181	
4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Huntley Anderson	
4.3 STREET ADDRESS	12434 N. Bayshore Dr.	
4.4 CITY-ST-ZIP	N. Miami FA. 33181	
5.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Mil Sezzin	
5.3 STREET ADDRESS	1430 S. Hibiscus Dr.	
5.4 CITY-ST-ZIP	N. Miami FA. 33181	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **Sharon J. Pilch** DATE **5/25/96** (305) 892-0951
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Sharon Pilch** Daytime Phone #

CR2E037 (9/96)