


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **737306** (1)  
1. Corporation Name  
**KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business	Mailing Address
<b>1801 KEYSTONE BLVD NORTH MIAMI FL 33181 US</b>	<b>1801 KEYSTONE BLVD NORTH MIAMI FL 33181 US</b>



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>11/16/1976</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>59-1059821</b>
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	30. Country	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>PILCH, SHARON 12945 ORTEGA LANE N. MIAMI FL 33181</b>	81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PILCH, SHARON</b>	1.2 NAME	
STREET ADDRESS	<b>12945 ORTEGA LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEIL, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>2055 KEYSTONE BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TRACTON, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>12700 N. BAYSHORE DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDERSON, HUNTLEY</b>	4.2 NAME	
STREET ADDRESS	<b>12434 N. BAYSHORE DR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL 33181</b>	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEZZIN, MUJ</b>	5.2 NAME	
STREET ADDRESS	<b>1920 S. HIBISCUS DR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>N. MIAMI FL 33181</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 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: **HUNTLEY N. ANDERSON**  20/1/98 (305) 899 2872  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)