

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 737306

1. Entity Name

KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90089 044 \*\*\*\*61.25

Principal Place of Business 1801 KEYSTONE BLVD NORTH MIAMI FL 33181 US	Mailing Address 1801 KEYSTONE BLVD NORTH MIAMI FL 33181-2636 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number <b>59-1059821</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**PILCH, SHARON**  
**12945 ORTEGA LANE**  
**N. MIAMI FL 33181**

7. Name and Address of New Registered Agent

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.

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

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
-------------------------------------	---	--

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PILCH, SHARON	
STREET ADDRESS	12945 ORTEGA LANE	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WEIL, JOSEPH	
STREET ADDRESS	2055 KEYSTONE BLVD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TRACTON, JAMES	
STREET ADDRESS	12700 N. BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ANDERSON, HUNTLEY	
STREET ADDRESS	12434 N. BAYSHORE DR	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SEZZIN, MIJ	
STREET ADDRESS	1920 S. HIBISCUS DR	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMMEL, LYNN	
STREET ADDRESS	12980 CORONADO LANE	
CITY-ST-ZIP	N MIAMI FL 33181	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GINSBERG, MARC	
STREET ADDRESS	2085 IXORA ROAD	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **LYNN L HUMMEL** 4/26/00 305-895-3900

CR2E037 (9/99)