

ANNUAL REPORT

DOCUMENT # 737306

1. Entity Name
KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.



FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90341 025 ****61.25

Principal Place of Business
1801 KEYSTONE BLVD
NORTH MIAMI, FL 33181 US

Mailing Address
12555 BISCAYNE BLVD.
NORTH MIAMI, FL 33181 US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

04042006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-1059821

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, RAYMOND
2140 LAUREL LANE
N. MIAMI, FL 33181

7. Name and Address of New Registered Agent

Name **LYNN HUMMEL**

Street Address (P.O. Box Number is Not Acceptable)

12980 CORONADO LANE

City **NORTH MIAMI**

FL Zip Code **33181**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lynn Hummel* 4/4/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	BASS, STEVE	
STREET ADDRESS	2240 ARCH CREEK DR	
CITY-ST-ZIP	N.MIAMI, FL 33181	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GIBSON, BRUCE	
STREET ADDRESS	12640 N. BAYSHORE DR	
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	RUSSO, RAYMOND	
STREET ADDRESS	2140 LAUREL LANE	
CITY-ST-ZIP	N MIAMI, FL 33181	
TITLE	S	<input type="checkbox"/> Delete
NAME	DELEON, KAREN	
STREET ADDRESS	1935 SOUTH HISBISCUS DRIVE	
CITY-ST-ZIP	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		<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	NORTH MIAMI, FL 33181	
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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 *Lynn Hummel*