

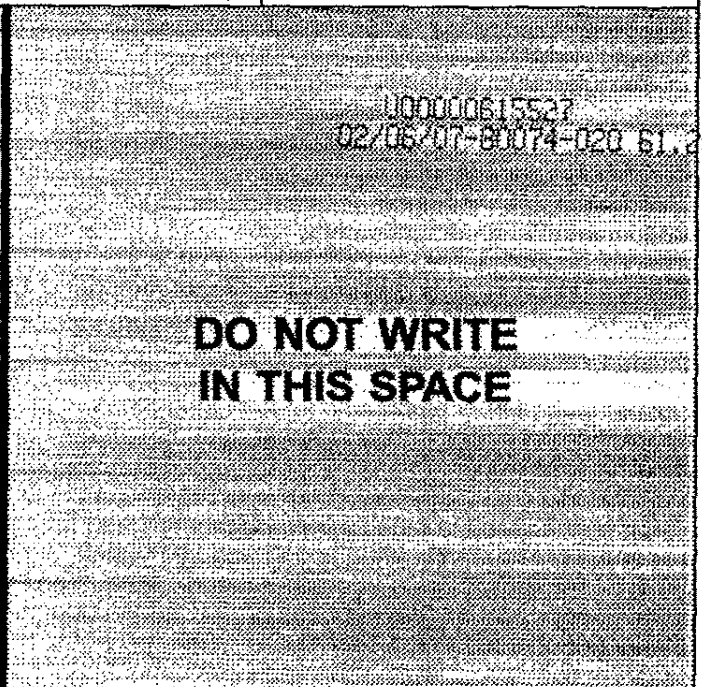



**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # 737306		
1. Entity Name KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.		
Principal Place of Business 1801 KEYSTONE BLVD NORTH MIAMI, FL 33181 US		Mailing Address 12555 BISCAYNE BLVD. NORTH MIAMI, FL 33181 US
DO NOT WRITE IN THIS SPACE		
		
01122007 No Chg-NP CR2E037 (4/06)		
4. FEI Number 59-1059821		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HUMMEL, LYNN 12980 CORONADO LN N. MIAMI, FL 33181		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BASS, STEVE 2240 ARCH CREEK DR N. MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GIBSON, BRUCE 12640 N. BAYSHORE DR N. MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TRACTON, JAMES 12700 N. BAYSHORE DR N. MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HUMMEL, LYNN 12980 CORONADO LN N MIAMI, FL 33181	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DELEON, KAREN 1935 SOUTH HISBISCUS DRIVE MIAMI, FL 33181	
TITLE 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 L HUMMEL 01/29/07 305 896 3900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		