

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737306

FILED
Jan 23, 2009
Secretary of State

Entity Name: KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1801 KEYSTONE BLVD
NORTH MIAMI, FL 33181 US

New Principal Place of Business:

Current Mailing Address:

12555 BISCAYNE BLVD.
NORTH MIAMI, FL 33181 US

New Mailing Address:

12555 BISCAYNE BLVD. #998
NORTH MIAMI, FL 33181 US

FEI Number: 59-1059821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUMMEL, LYNN
12980 CORONADO LN
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GIBSON, BRUCE
Address: 12640 N. BAYSHORE DR
City-St-Zip: MIAMI, FL 33181

Title: VD () Delete
Name: SOCKEL, BONNIE
Address: 13155 KEYSTONE TER
City-St-Zip: MIAMI, FL 33181

Title: VD () Delete
Name: TRACTON, JAMES
Address: 12700 N. BAYSHORE DR
City-St-Zip: N. MIAMI, FL 33181

Title: T () Delete
Name: HUMMEL, LYNN
Address: 12980 CORONADO LN
City-St-Zip: N MIAMI, FL 33181

Title: S () Delete
Name: DELEON, KAREN
Address: 1935 SOUTH HISBISCUS DRIVE
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GIBSON, BRUCE
Address: 12640 N. BAYSHORE DR
City-St-Zip: MIAMI, FL 33181

Title: 1VP (X) Change () Addition
Name: KEYS, CAROL
Address: 12550 PALM ROAD
City-St-Zip: MIAMI, FL 33181

Title: 2VP (X) Change () Addition
Name: TRACTON, JAMES
Address: 12700 N. BAYSHORE DR
City-St-Zip: N. MIAMI, FL 33181

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ROSENFELD, ALITA
Address: 13360 BISCAYNE BAY DRIVE
City-St-Zip: MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN L. HUMMEL

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01/23/2009

Electronic Signature of Signing Officer or Director

Date