

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90192 035 ****70.00

DOCUMENT # 737306

1. Entity Name

KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1801 KEYSTONE BLVD
NORTH MIAMI FL 33181
US**

Mailing Address

**1801 KEYSTONE BLVD
NORTH MIAMI FL 33181
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1059821**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME PILCH, SHARON ☐ Delete
STREET ADDRESS 12945 ORTEGA LANE
CITY-ST-ZIP N. MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME WEIL, JOSEPH ☐ Delete
STREET ADDRESS 2055 KEYSTONE BLVD
CITY-ST-ZIP N. MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME TRACTON, JAMES ☐ Delete
STREET ADDRESS 12700 N. BAYSHORE DR
CITY-ST-ZIP N. MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME HUMMEL, LYNN ☒ Delete
STREET ADDRESS 12980 CORONADO LANE
CITY-ST-ZIP N. MIAMI FL 33181

TITLE T
NAME RUSSO, RAYMOND ☒ Change ☐ Addition
STREET ADDRESS 2140 LAUREL LANE
CITY-ST-ZIP N. MIAMI FL 33181

TITLE S
NAME DELEON, KAREN ☐ Delete
STREET ADDRESS 1935 SOUTH HISBISCUS DRIVE
CITY-ST-ZIP MIAMI FL 33181

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 I am empowered.

SIGNATURE:

Raymond T. Russo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-03 (305) 667-9725

Date Daytime Phone #

CR2E037 (10/02)