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**Mar 10, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 750883**

1. Corporation Name

**KEYSTONE GARDENS CONDOMINIUM, INC.**

Principal Place of Business

2430 NE 135 STREET  
N. MIAMI FL 33181

Mailing Address

C/O ARCHIZONA MGMT., INC.  
655 NE 122 ST. SUITE 1  
N. MIAMI FL 33161



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/01/1980

4. FEI Number

59-1979656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

STEFANO, SCOT D  
655 NE 122 ST  
#1  
N. MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	HOPKINS, STEVE	
STREET ADDRESS	12499 BISCAYNE BLVD, 18TH FLOOR	
CITY-ST-ZIP	N.MIAMI FL 33131	
TITLE	VP	DELETE
NAME	PICCERELLI, MARY	
STREET ADDRESS	2430 NE 135 ST #204	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	DELETE
NAME	BOORNE, ROBERT	
STREET ADDRESS	2430 NE 135 ST #108	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE	D	DELETE
NAME	INMAN, MELINNA	
STREET ADDRESS	2430 NE 135TH ST #201	
CITY-ST-ZIP	N.MIAMI FL 33181	
TITLE	D	DELETE
NAME	BARRATA, LUCILLE	
STREET ADDRESS	2430 NE 135TH ST #300	
CITY-ST-ZIP	N.MIAMI FL 33181	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MANUEL LORENZO	
1.3 STREET ADDRESS	2430 NE 135TH ST # 205	
1.4 CITY-ST-ZIP	N. MIAMI, FL. 33181	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHRISTINE BOORNE	
2.3 STREET ADDRESS	2430 NE 135TH ST # 202	
2.4 CITY-ST-ZIP	N. MIAMI, FL. 33181	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ADRIAN SHARP	
5.3 STREET ADDRESS	2430 NE 135TH ST # 304	
5.4 CITY-ST-ZIP	N. MIAMI, FL. 33181	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of President*

02/02/99 305 895 6953

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)