

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90191 037 ****61.25

DOCUMENT # 750883

1. Entity Name

KEYSTONE GARDENS CONDOMINIUM, INC.



Principal Place of Business

**2430 NE 135 STREET
N. MIAMI FL 33181**

Mailing Address

**1918 HARRISON STREET
20
HOLLYWOOD FL 33020**

2. Principal Place of Business

3. Mailing Address

**139 11TH ST
#10**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MIAMI BEACH, FL

Zip

Country

33139

US

4. FEI Number **59-1979656**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BBOURNE, ROBERT
2430 NE 135 STREET
MIAMI FL 33181**

Name

BENNETT, JOAN

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

678 NE 72 ST

City

MIAMI

FL

Zip Code

33138

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

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

(NOTE: Registered Agent signature required when reinstating)

3/3/03
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 NAME	P CHRISTINE ROBERTSON	<input type="checkbox"/> Delete
STREET ADDRESS	2430 NE 135TH STREET #201	
CITY-ST-ZIP	N, MIAMI FL 33181	
TITLE NAME	D BOURNE, ROBERT	<input type="checkbox"/> Delete
STREET ADDRESS	2430 NE 135 ST #108	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE NAME	D CORBO, MADELINE	<input type="checkbox"/> Delete
STREET ADDRESS	2430 NE 135TH STREET #207	
CITY-ST-ZIP	N.MIAMI FL 33181	
TITLE NAME	D LORENZO, MANUEL	<input type="checkbox"/> Delete
STREET ADDRESS	2430 NE 135TH STREET #205	
CITY-ST-ZIP	N. MIAMI FL 33181	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	DD BORJESSON, CHRISTINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2430 NE 135TH ST #202	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE NAME	VPD KELLER, KATHERINE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9930 SW 108TH ST	
CITY-ST-ZIP	MIAMI, FL 33176	
TITLE NAME	SD MELINA INMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2430 NE 135TH ST #201	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE NAME	TD CORBO, MADELINE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2430 NE 135TH #207	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE NAME	D PICCIRILLI, MARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2430 NE 135TH ST #204	
CITY-ST-ZIP	N. MIAMI, FL 33181	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.

SIGNATURE: SIGNATURE REQUIRED

CR2E037 (10/02)