

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2002 8:00 am**  
**Secretary of State**

001791

02-17-2002 90057 048 \*\*\*\*61.25

**DOCUMENT # N01000003136**

1. Entity Name

**CROSS KEY PROPERTY OWNERS ASSOCIATION INC.**

Principal Place of Business

Mailing Address

**799 HAZEL STREET  
 KEY LARGO FL 33037  
 US**

**799 HAZEL STREET  
 KEY LARGO FL 33037  
 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

**65-1106834**

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

**GELBMAN, HOWARD A  
 799 HAZEL STREET  
 KEY LARGO FL 33037**

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.

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  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
 NAME **PRESIDENT - DIRECTOR**  
 STREET ADDRESS **HOWARD GELBMAN**  
 CITY-ST-ZIP **799 HAZEL ST  
 KEY LARGO FL 33037**

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

TITLE ☐ Delete  
 NAME **TREASURER - DIRECTOR**  
 STREET ADDRESS **WILLIAM STOEMEL**  
 CITY-ST-ZIP **199 MORRIS AVE  
 KEY LARGO FL 33037**

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

TITLE ☐ Delete  
 NAME **SECRETARY - DIRECTOR**  
 STREET ADDRESS **FRANK KALTEUX**  
 CITY-ST-ZIP **500 HAZEL ST  
 KEY LARGO FL 33037**

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

TITLE ☐ Delete  
 NAME **VICE PRESIDENT - DIRECTOR**  
 STREET ADDRESS **STEVE RAMSDALL**  
 CITY-ST-ZIP **21661 OCTAMIRA AVE  
 BOCA RATON FL 33433**

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

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 like empowered.

**SIGNATURE:** *Howard A. Gelbman* **HOWARD GELBMAN Pres** **1/31/02** **3054513607**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)