

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90354 010 ****61.25

DOCUMENT # N02000009834	
1. Entity Name KEYSTONE SHORES COMMERCIAL ASSOCIATION, INC.	



Principal Place of Business 1525 W HILLSBOROUGH AVE TAMPA, FL 33603	Mailing Address 1525 W HILLSBOROUGH AVE TAMPA, FL 33603
---	---

20049441



03172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0465319	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SAM REIBER 5821 HENDERSON BLVD. TAMPA, FL 33629
--

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ARTZIBUSHEV, DIMITRI 1525 W. HILLSBOROUGH AVE. TAMPA, FL 33603
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <i>Bedi</i> BDI, BHARMINDER MD 11630 GREENSTEEVE AVE. TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MALHI, DHANNA MD 1515 RICHARD RD. YUBA CITY, CA 95993
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DIMITRI ARTZIBUSHEV 4/19/05 813-237-0529

Date Daytime Phone #