2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000009834

1. Entity Name
KEYSTONE SHORES COMMERCIAL ASSOCIATION, INC.

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

DO NOT WRITE IN THIS SPACE

02282006 No Chg-NP CR2E037 (11/05)

4. FEI Number
05-0465319

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SAM REIBER
5821 HENDERSON BLVD.
TAMPA, FL 33629

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

U00000540183
05/10/06-80008-013 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ARTZIBUSHEV, DIMITRI
STREET ADDRESS	1525 W. HILLSBOROUGH AVE.
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	D
NAME	BEDI, MD, BHARMINDER
STREET ADDRESS	11630 GREENSTEEVE AVE.
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	D
NAME	MALHI, DHANNA MD
STREET ADDRESS	1515 RICHARD RD.
CITY-ST-ZIP	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	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Dimitri Artzibushev - Owner 4/5/06 813-237-0529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #