

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004023

FILED
Feb 14, 2008
Secretary of State

Entity Name: KEYSTONE BAY CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2640 NE 135TH STREET
N. MIAMI, FL 33181

New Principal Place of Business:

Current Mailing Address:

2640 NE 135TH STREET
N. MIAMI, FL 33181

New Mailing Address:

FEI Number: 20-1109816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TESSELY, RON
2640 NE 135TH ST., UNIT #401
N. MIAMI, FL 33181 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: TESSELY, RON
Address: 2640 NE 135TH STREET UNIT #401
City-St-Zip: N. MIAMI, FL 33181

Title: VPD () Delete
Name: KLEINER, MARC
Address: 19400 NE 23RD AVE
City-St-Zip: MIAMI, FL 33180

Title: SD (X) Delete
Name: MCCAMMON, ROBERT K
Address: 1395 BRICKELL AVE - STE 900
City-St-Zip: MIAMI, FL 33131

Title: TD () Delete
Name: MCNAMARA, SEAN
Address: 2620NE 135TH STREET UNIT #322
City-St-Zip: N. MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TDS (X) Change () Addition
Name: MCNAMARA, SEAN
Address: 2620NE 135TH STREET UNIT #322
City-St-Zip: N. MIAMI, FL 33181

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON TESSELY

P

02/14/2008

Electronic Signature of Signing Officer or Director

Date