

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90243 049 ****61.25

DOCUMENT # N05000002885

1. Entity Name
KEYSTONE LAGOON MASTER ASSOCIATION, INC.



Principal Place of Business
**10 NW 42ND AVE
MIAMI, FL 33126**

Mailing Address
**10 NW 42ND AVE
MIAMI, FL 33126**

2. Principal Place of Business
10 N.W. 42nd AVE.

3. Mailing Address
10 N.W. 42nd AVE.

Suite, Apt. #, etc. **SUITE 700**

Suite, Apt. #, etc. **SUITE 700**

City & State **MIAMI, FLORIDA**

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Zip **33126** Country **USA**

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03132006 Chg-NP CR2E037 (11/05)

4. FEI Number **20-2710129** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLETCHER, PATRICIA K
200 S BISCAYNE BLVD SUITE 3400
MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name **MOURIZ, MIGUEL A.**

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

10 N.W. 42nd AVE., SUITE 700

City **MIAMI** **FL** Zip Code **33126**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-20-2006

**Filing Fee is \$61.25
Due by May 1, 2006**

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

TITLE **DP** ☐ Delete
NAME **MOURIZ, MIGUEL A**
STREET ADDRESS **10 NW 42ND AVE**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **DV** ☐ Delete
NAME **PUIG, ENRIQUE**
STREET ADDRESS **10 NW 42ND AVE**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **DST** ☐ Delete
NAME **MOURIZ, REINALDO J**
STREET ADDRESS **10 NW 42ND AVE**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☒ Change ☐ Addition
NAME **MOURIZ, MIGUEL A.**
STREET ADDRESS **10 N.W. 42nd AVE, SUITE 700**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **DV** ☒ Change ☐ Addition
NAME **PUIG, ENRIQUE**
STREET ADDRESS **10 N.W. 42nd AVE, SUITE 700**
CITY-ST-ZIP **MIAMI, FL 33126**

TITLE **DST** ☒ Change ☐ Addition
NAME **MOURIZ, REINALDO J.**
STREET ADDRESS **10 N.W. 42nd AVE, SUITE 700**
CITY-ST-ZIP **MIAMI, FL 33126**

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

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-2006 (305) 8671577

Date

Daytime Phone #