# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

'95 MAR -1 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06330 (7)

1. Corporation Name
KEY NORTH HOMEOWNERS' ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 5201 SW 31ST. AVENUE<br>FT LAUDERDALE FL 33312 | 5201 SW 31ST. AVENUE<br>FT LAUDERDALE FL 33312 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1984
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-2526624 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEIGER, THOMAS
5201 SW 31ST AVE #183
FT. LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name: DIANA BONNETT
82 Street Address (P.O. Box Number is Not Acceptable): 5201 SW 31st AV #261
83: FT. LAUDERDALE, FL 33312
84 City: FL 85 Zip Code: 33312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: DIANE BONNETT — 2-8-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 1.1 TITLE | P/D ☒ Change ☐ Addition |
| NAME | STEIGER, THOMAS | 1.2 NAME | DIANA BONNETT |
| STREET ADDRESS | 5201 SW 31 AVE #183 | 1.3 STREET ADDRESS | 5201 SW 31st AV #261 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 1.4 CITY-ST-ZIP | FT.LAUDERDALE, FL 33312 |
| TITLE | VPD | 2.1 TITLE | VP/D ☐ Change ☐ Addition |
| NAME | GARACI, TONY | 2.2 NAME | DAVID ELDRED |
| STREET ADDRESS | 5201 SW 31 AVE 263 | 2.3 STREET ADDRESS | 5201 SW 31st AV #217 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 2.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 |
| TITLE | TD | 3.1 TITLE | T/D ☐ Change ☐ Addition |
| NAME | BENKE, TERRI | 3.2 NAME | TERRI BENKE |
| STREET ADDRESS | 5201 SW 31ST AVE #101 | 3.3 STREET ADDRESS | 5201 SW 31st AV. #101 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 3.4 CITY-ST-ZIP | FT. LAUDERDALE,FL 33312 |
| TITLE | SD | 4.1 TITLE | S/D ☐ Change ☐ Addition |
| NAME | MCIVER, CAROLYN | 4.2 NAME | CAROLYN MCIVER |
| STREET ADDRESS | 5201 SW 31ST AVE #199 | 4.3 STREET ADDRESS | 5201 SW 31st AV #199 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 4.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 |
| TITLE | D | 5.1 TITLE | D ☐ Change ☐ Addition |
| NAME | ARENCIBIA, HOLLY | 5.2 NAME | HOLLY ARENCIBIA |
| STREET ADDRESS | 5201 SW 31ST AVE #273 | 5.3 STREET ADDRESS | 5201 SW 31st AV #273 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 5.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 |
| TITLE | D | 6.1 TITLE | D ☐ Change ☐ Addition |
| NAME | COPPA, PAUL | 6.2 NAME | SABINA MERLINO |
| STREET ADDRESS | 5201 SW 31ST AVE #209 | 6.3 STREET ADDRESS | 5201 SW 31st AV #102 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 6.4 CITY-ST-ZIP | FT. LAUDERDALE, FL 33312 |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Diane Bonnett DIANE BONNETT 2-8-95 922 8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0046272