


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N06330 (7)**  
1. Corporation Name  
**KEY NORTH HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business <b>5201 SW 31ST AVENUE FT LAUDERDALE FL 33312</b>	Mailing Address <b>5201 SW 31ST AVENUE FT LAUDERDALE FL 33312</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>11/27/1984</b>
4. FEI Number <b>59-2526624</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BONNETT, DIANA 5201 SW 31ST AVENUE SUITE 261 FT. LAUDERDALE FL 33312</b>
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10. Name and Address of New Registered Agent 81 Name <b>STANLEY BUCHWALD</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>5201 SW 31 AVE. SUITE 126</b> 83 84 City <b>FT. LAUD.</b> FL 85 Zip Code <b>33312</b>
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE  1/2/98  
Signature and printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BONNETT, DIANA 5201 SW 31ST AVE #261 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SABRINA MERLION 5201 SW 31ST AVE., #102 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BENKE, TERRI 5201 SW 31ST AVENUE, #101 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCIVER, CAROLYN 5201 SW 31ST AVENUE, #199 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRANK FUCHS 5201 SW 31ST AVE., #207 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MERLINO, SABINA 5201 SW 31ST AVENUE, #102 FT LAUDERDALE FL <input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STANLEY BUCHWALD 5201 SW 31 AVE #126 FT. LAUD FL 33312
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VICE PRESIDENT DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TONY GERACI 5201 SW 31 AVE #263 FT. LAUD FL 33312
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SEC. TREAS DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TOM STEIGER 5201 SW 31 AVE #183 FT. LAUD. FL 33312
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MARY DEVEREAUX 5201 SW 31 AVE #219 FT. LAUD. FL 33312
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PETER LEVER 5201 SW 31 AVE #134 FT. LAUD. FL 33312
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELAINE STONE 5201 SW 31 AVE #105 FT. LAUD. FL 33312

14. 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 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:  1/2/98 954-963-1475

CR25037 (10/97)