

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90012 035 ****61.25

003726

DOCUMENT # N06330

1. Corporation Name

KEY NORTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

5201 SW 31ST. AVENUE
FT LAUDERDALE FL 33312

Mailing Address

5201 SW 31ST. AVENUE
FT LAUDERDALE FL 33312



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/27/1984

4. FEI Number

59-2526624

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

BUCHWALD, STANLEY
5201 SW 31 AVE SUITE 126
SUITE 261
FT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD
NAME BUCHWALD, STANLEY
STREET ADDRESS 5201 SW 31 AVE SUITE 126
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE VPD
NAME GERACI, TONY
STREET ADDRESS 5201 SW 31 AVE SUITE 263
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE STD
NAME STIGER, TOM
STREET ADDRESS 5201 SW 31 ST SUITE 219
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D
NAME LEVER, PETER
STREET ADDRESS 5201 SW 31 AVE SUITE 136
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D
NAME DEVEREAUX, MARY
STREET ADDRESS 5201 SW 31 AVE SUITE 219
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D
NAME STONE, ELAINE
STREET ADDRESS 5201 SW 31 AVE SUITE 105
CITY-ST-ZIP FT LAUDERDALE FL 33312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE TRES.
1.2 NAME DONALD MURRY
1.3 STREET ADDRESS 5201 SW 31 AVE #163
1.4 CITY-ST-ZIP FT. LAUD FL 33312

2.1 TITLE SEC
2.2 NAME RONDELLE CLAY
2.3 STREET ADDRESS 5201 SW 31 AVE #120
2.4 CITY-ST-ZIP FT. LAUD FL 33312

3.1 TITLE D
3.2 NAME ERNEST ROHN
3.3 STREET ADDRESS 5201 SW 31 AVE #193
3.4 CITY-ST-ZIP FT. LAUD FL 33312

4.1 TITLE D
4.2 NAME JERRY SHIRA
4.3 STREET ADDRESS 5201 SW 31 AVE #158
4.4 CITY-ST-ZIP FT. LAUD FL 33312

5.1 TITLE D
5.2 NAME TREVOR GRIFFITHS
5.3 STREET ADDRESS 5201 SW 31 AVE #124
5.4 CITY-ST-ZIP FT. LAUD FL 33312

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)