## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N06330

1. Corporation Name

KEY NORTH HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
5201 SW 31ST. AVENUE
FT LAUDERDALE FL 33312

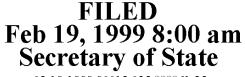
2. Principal Place of Business

Mailing Address

2a. Mailing Address

26

5201 SW 31ST. AVENUE FT LAUDERDALE FL 33312



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



Date Incorporated or Qualifed

11/27/1984

Suite, Apt	t. #, etc.	Suite, Apt. #, etc.				4. FEI Number		1	plied For	
22	27				1	59-2526624	•	1 1	t Applicable	
City & Sta								\$8.75	<del></del>	
23		28				5. Certificate of Status Desired [		Fee Re		
Zip	Country	Zip	Countr			£ 51-6-0	<del></del>		•	
24	25		30	•		6. Election Campaign Financing		\$5.00	•	
	9. Name and Address of Curren		30			Trust Fund Contribution	-1-4	Added t	o Fees	
4						10. Name and Address of New Reg	Jistered A	gent		
DISCHARA O OTAAN EV					•					
BUCHWALD, STANLEY				Street	t Address	(P.O. Box Number is Not Acceptable	e)			
5201 SW 31 AVE SUITE 126				ļ		<u></u>	<u> </u>	<u> </u>	·	
SUITE 261										
FT LAUDERDALE FL 33312				City		· · · · · · · · · · · · · · · · · · ·		85 Zip C	`ode	
	<u> </u>			1			FL	1   1		
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										
l	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Age	nt signature	required whe	on reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE		TRE	۲.		☐ Change	Addition	
NAME	BUCHWALD, STANLEY		1.2 NAME		2001	NALD MURRY	•			
STREET ADDRESS	5201 SW 31 AVE SUITE 126		13 STREET	T ADDRESS	(2)	NALD MURRY #163		•		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		1.4 CITY-S			. LAUD FC 33312				
TITLE	VPD	☐ DELETE	2.1 TITLE	I-EII	See		·	Change	Addition	
NAME	GERACI, TONY		2.2 NAME			NDELLE CLAY		onlange	AGGIRON	
STREET ADDRESS			2.3 STREET						1	
CITY-ST-ZIP	FT LAUDERDALE FL 33312					1 Sw 31 Ave # /20				
TITLE	STD.	DELETE	2. 4 CITY- S	T-ZIP		LAUN Fe 33312	····	— a.		
	1	AN DELETE	3.1 TTTLE		P	•	l	Change	Addition	
NAME	STIGER, TOM		3.2 NAME	:	ER	NEST ROAD				
STREET ADDRESS	5201 SW 31 ST 8011E 219		3.3 STREET	ADDRESS		21 SW 31 AVE# 193		,		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		3.4. CITY- S	T-ZIP	FT.	· LAUS FC 33312	•	·		
TITLE	[ <del>]</del>	☐ DELETE	4.1 TITLE		a			Change	<b>1</b> Addition	
NAME	LEVER, PETER		4. 2 NAME	ĺ	161	RRY SHIRA			·	
STREET ADDRESS	OFFI ON ON WIFE COURT 100		4.3 STREET	ADDRESS	2522	01 SW31 AUE # 158				
CITY-ST-ZIP	FT LAUDERDALE FL 33312		4.4 CITY-ST	-ZIP		11AUD FL 33312				
TITLE	D	☐ DELETE	5.1 TITLE		À	•		Change	<b>∀</b> Addition	
NAME	DEVEREAUZ, MARY		5.2 NAME		SIR	Evor GRIFFITHS	_	-	_	
STREET ADDRESS	5201 SW 31 AVE SUITE 219		5.3 STREET	ADDRESS	520	01 Sw 31AE #124		•		
CITY-ST-ZIP	FT LAUDERDALE FL 33312		5.4 CiTY-ST	-ZIP	_	LAUS FL 33312				
TITLE	D	DELETE	6.1 TITLE		<u> </u>	· DAUS 1C 33412	<del></del>	Change	Addition	
NAME	STONE, ELAINE		6.2 NAME			•			T voginou ).	
STREET ADDRESS			6.3 STREET	ADDRESS !	1				ł	
CITY OF ZID	STATINEDIALE SUITE 103		6.4 OITH OT	- 1						

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

IGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1/5/99 954-963-1475

CR2E037 (11/98)