

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06330

1. Entity Name

KEY NORTH HOMEOWNERS' ASSOCIATION, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90036 016 \*\*\*\*70.00

Principal Place of Business

Mailing Address

5201 SW 31ST. AVENUE  
FT LAUDERDALE FL 33312

5201 SW 31ST. AVENUE  
FT LAUDERDALE FL 33312-6920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2526624

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD ☒ Change ☐ Addition  
NAME DONALD MURPHY  
STREET ADDRESS 5201 SW 31 AVE SUITE 163  
CITY-ST-ZIP FT LAUD FL 33312

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

TITLE S D ☒ Change ☐ Addition  
NAME PETRA LEROUX  
STREET ADDRESS 5201 SW 31 AVE SUITE 134  
CITY-ST-ZIP FT LAUD FL 33312

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

TITLE D ☒ Change ☐ Addition  
NAME JERRY SHIRA  
STREET ADDRESS 5201 SW 31 AVE SUITE 158  
CITY-ST-ZIP FT LAUD FL 33312

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

TITLE D ☒ Change ☐ Addition  
NAME TAEVON GRIFFITHS  
STREET ADDRESS 5201 SW 31 AVE SUITE 126  
CITY-ST-ZIP FT LAUD FL 33312

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

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

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

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 exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #

CR2E037 (9/99)