

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 18, 2001 8:00 am**  
**Secretary of State**

01-18-2001 90005 019 \*\*\*\*61.25

**DOCUMENT # N06330**

1. Entity 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

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~~

Donald R. Murray  
5201 SW 31ST AVE  
SUITE 163  
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

*Donald R. Murray*

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

*Donald R. Murray*

(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

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

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

TITLE TD ☒ Delete  
NAME MURRAY, DONALD  
STREET ADDRESS 5201 SW 31 AVE SUITE 163  
CITY-ST-ZIP FORT LAUDERDALE FL 33312

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

TITLE SD ☒ Delete  
NAME LEROUX, PETRA  
STREET ADDRESS 5201 SW 31 AVE SUITE 134  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D ☐ Delete  
NAME SHIRA, JERRY  
STREET ADDRESS 5201 SW 31 AVE SUITE 158  
CITY-ST-ZIP FT LAUDERDALE FL 33312

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME Donald R. Murray  
STREET ADDRESS 5201 SW 31ST AVE #163  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE TD ☒ Change ☐ Addition  
NAME TERRY BARKER  
STREET ADDRESS 5201 SW 31ST AVE #101  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE SD ☒ Change ☐ Addition  
NAME SHARON BOYD  
STREET ADDRESS 5201 SW 31ST AVE #120  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE D ☒ Change ☐ Addition  
NAME CAROLYN McIVER  
STREET ADDRESS 5201 SW 31ST AVE #189  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE ☐ Change ☐ Addition

TITLE ☐ Change ☐ Addition

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:

*Donald R. Murray*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-889-2348

13491

CR2E037 (10/00)