

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06330

1. Entity Name

KEY NORTH HOMEOWNERS' ASSOCIATION, INC.

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90088 014 ****61.25

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

4. FEI Number **59-2526624**

Applied For
Not Applicable

Zip

Country

Zip

Country

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 163
FT LAUDERDALE FL 33312~~

Name **Donald R. Murry**
Street Address (P.O. Box Number is Not Acceptable)
5201 SW 31 Ave, Suite 163
Ft. Lauderdale, FL 33312
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 ☐ Delete
NAME **PD MURRY, DONALD R**
STREET ADDRESS **5201 SW 31ST AVE #163**
CITY-ST-ZIP **FT LAUDERDALE FL 33312**

TITLE ☐ Change ☐ Addition
NAME **S McIver, Carolyn K.**
STREET ADDRESS **5201 SW 31 AVE, #199**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

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

TITLE ☐ Change ☐ Addition
NAME **D Gannon, Chantal**
STREET ADDRESS **5201 SW 31 AVE, #233**
CITY-ST-ZIP **Ft. Lauderdale, FL 33312**

TITLE ☐ Delete
NAME **TD BENKE, TERRY**
STREET ADDRESS **5201 SW 31ST AVE #101**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

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

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

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

TITLE ☒ Delete
NAME ~~**S BOYD, SHARON**~~
STREET ADDRESS ~~**5201 SW 31ST AVE #120**~~
CITY-ST-ZIP ~~**FT LAUDERDALE FL 33312**~~

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

TITLE ☐ Delete
NAME **D SHIRA, JERRY**
STREET ADDRESS **5201 SW 31 AVE SUITE 158**
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:

Donald R Murry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)