


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2005 8:00 am
Secretary of State


02-04-2005 90045 039 ****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 Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

70012014



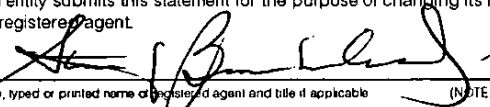
1st MOORE CR2E037 (10/04)

4. FEI Number 59-2526624	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MURRY, DONALD R 5201 SW 31 AVE SUITE 163 FT LAUDERDALE FL 33312	
---	--

7. Name and Address of New Registered Agent	
Name STANLEY BUCHWARD	
Street Address (P.O. Box Number is Not Acceptable) 5201 SW 31 AVE #126	
City FT. LAUD	Zip Code FL 33312

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **STANLEY BUCHWARD** 1/18/05
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 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
--	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input checked="" type="checkbox"/> Delete NAME MURRY, DONALD R STREET ADDRESS 5201 SW 31 AVE #163 CITY-ST-ZIP FT LAUDERDALE FL 33312	TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STANLEY BUCHWARD STREET ADDRESS 5201 SW 31 AVE #126 CITY-ST-ZIP FT. LAUD. FL 33312
TITLE VP	<input type="checkbox"/> Delete NAME GARACI, GAETANO STREET ADDRESS 5201 SW 31 AVE #263 CITY-ST-ZIP FT LAUDERDALE FL 33312	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME SECRETARY STREET ADDRESS LISA NEW CITY-ST-ZIP 5201 SW 31 AVE #128 FT. LAUD FL 33312
TITLE ST	<input checked="" type="checkbox"/> Delete NAME SHIRA, JERRY STREET ADDRESS 5201 SW 31 AVE #158 CITY-ST-ZIP FORT LAUDERDALE FL 33312	TITLE TRES.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME EDWARD FELDMAN STREET ADDRESS 5201 SW 31 AVE #221 CITY-ST-ZIP FT. LAUD FL 33312
TITLE D	<input checked="" type="checkbox"/> Delete NAME DACOSTA, DOUGLAS STREET ADDRESS 5201 SW 31 AVE #219 CITY-ST-ZIP FT LAUDERDALE FL 33312	TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME DARREL PECK STREET ADDRESS 5201 SW 31 AVE #116 CITY-ST-ZIP FT. LAUD FL 33312
TITLE D	<input checked="" type="checkbox"/> Delete NAME HAWK, DONNA L STREET ADDRESS 5201 SW 31 AVE #207 CITY-ST-ZIP FT LAUDERDALE FL 33312	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME DIRECTOR STREET ADDRESS DARREL PECK CITY-ST-ZIP 5201 SW 31 AVE #116 FT. LAUD FL 33312
TITLE	<input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:  **STANLEY BUCHWARD** 1/18/05 954-963-1475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #