2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011430

FILED Mar 05, 2009 Secretary of State

Entity Name: KEYSTONE ARMS CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 13105 IXORA COURT NORTH MIAMI, FL 33181 **Current Mailing Address: New Mailing Address:** 13105 IXORA COURT NORTH MIAMI, FL 33181 FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SCHRADER, MARK 13105 IXORA COURT #218 NORTH MIAMI, FL 33181 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete HERNANDEZ, MAGDA SHRADER, MARK Name: Name: 13105 IXORA COURT Address: 13105 IXORA COURT Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181 Title: Title: () Delete () Change () Addition STEINBERG, JAY Name: Name: Address: 130105 IXORA COURT #309 Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: Title: () Delete Title: (X) Change () Addition HERNANDEZ, MAGDA MONTES, JAMES Name: Name: Address: 13105 IXORA COURT Address: 13105 IXORA COURT City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181 Title: DS () Delete Title: () Change () Addition Name: ASHCOM, ANDREW Name: 13105 IXORA COURT Address: Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: Title: () Delete Title: DS (X) Change () Addition ROBAYO, AMY ROBAYO, AMY Name: Name: 13105 IXORA COURT 13105 IXORA COURT Address: Address: City-St-Zip: NORTH MIAMI, FL 33181 City-St-Zip: NORTH MIAMI, FL 33181 Title: () Delete Title: () Change () Addition ASHCOM, KIM Name: Name: Address: 13105 IXORA COURT Address: NORTH MIAMI, FL 33181 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAGDA HERNANDEZ DV 03/05/2009