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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N47802**

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

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KEYSTONE SQUARE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business	Mailing Address				
180 RICH STREET VENICE FL 34292 US	180 RICH STREET VENICE FL 34292 US				
Principal Place of Business     21	2a. Mailing Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
City & State	City & State				

Zip

29

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90001 020 \*\*\*\*61.25

Applied For

Not Applicable
\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

03/11/1992 4. FEI Number

65-0400157

	81	Name		
DIGNAM, THOMAS M		Street Address (P.O. Box Number is Not Acceptable)		
1201 SO. MCCALL RD.	82			
ENGLEWOOD FL 34223	83			
ENGERIOOD I C VILLO	84	City	85 Zip Code	
	04	City	FL N 2	
<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authori agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida S</li> </ol>	zed by t	the corpor	orporation submits this statement for the purpose of changing its reg ation's board of directors. I hereby accept the appointment as registe	istered ered
SIGNATURE			nuired when reinstating) DATE	
	ered Agent 13.	t signature rec	puired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 12
	1 TITLE			Addition
	2 NAME			
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	.4 CITY-ST	-ZIP	☐ Change	Addition
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AME MARTINEAU, ALBERT 3	.2 NAME			
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	4 CITY-ST	-ZIP		
			in Section 119.07(3)(i), Florida Statutes. I further certify that the infor	

Country

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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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND STATE OF PRINTED MANY OF SIGNING OFFICER OR DIRECTOR

1/7/99

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