

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90006 014 ****61.25

0074764

DOCUMENT # N47802

1. Entity Name

KEYSTONE SQUARE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**180 RICH STREET
 VENICE FL 34292
 US**

Mailing Address

**1201 SO. MCCALL RD
 ENGLEWOOD FL 34223
 US**

2. Principal Place of Business

**524 PAUL MARSH DR
 Suite, Apt. #, etc.**

3. Mailing Address

**5206 THE POINTE
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

ENGLEWOOD FL

City & State

ENGLEWOOD FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
34223

Country
USA

Zip
34223

Country
USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DIGNAM, THOMAS M
 1201 SO. MCCALL RD.
 ENGLEWOOD FL 34223**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

5206 THE POINTE

City

ENGLEWOOD

FL

Zip
34223

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D DIGNAM, THOMAS M.
 1201 S. MCCALL ROAD
 ENGLEWOOD FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D MARTINEAU, PAUL J.
 180 RICH STREET
 VENICE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D MARTINEAU, ALBERT
 180 RICH STREET
 VENICE FL** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
5206 THE POINTE ☐ Change ☐ Addition

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

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 CITY-ST-ZIP
☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-01

941-474-9511
 Daytime Phone #

CR2E037 (10/00)