


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90107 026 ****61.25

DOCUMENT # N47802	
1. Entity Name KEYSTONE SQUARE CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business 524 PAUL MORRIS DR ENGLEWOOD, FL 34223 US	Mailing Address PO BOX 974 ENGLEWOOD, FL 34295 US
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40004750



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112007 Chg-NP CR2E037 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 65-0400157	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent	
WHITMARSH, JOEY 524 PAUL MORRIS DR UNIT E ENGLEWOOD, FL 34223	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	WITHMARSH, JOEY
STREET ADDRESS	524 PAUL MORRIS DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D <input type="checkbox"/> Delete
NAME	LANG, ROBERT
STREET ADDRESS	524 PAUL MORRIS DRIVE SUITE A
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	SD <input type="checkbox"/> Delete
NAME	SCHORK, WILLIAM
STREET ADDRESS	7177 BROOKHAVEN TERRACE
CITY-ST-ZIP	ENGLEWOOD, FL 34224
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Long, Robert
STREET ADDRESS	524 PAUL MORRIS DRIVE, SUITE A
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained 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 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: 	DATE	Daytime Phone #
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