FILED

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Secretary of State

01-14-2003 90075 011 \*\*\*\*61.25

## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N47802

1. Entity Name

## KEYSTONE SQUARE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address 524 PAUL MORRIS DR 5206 THE POINTE ENGLEWOOD FL 34223 ENGLEWOOD FL 34223 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number NOT APPLICABLE Applied For Zip Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DIGNAM, THOMAS M Street Address (P.O. Box Number is Not Acceptable) 5206 THE POINTE **ENGLEWOOD FL 34223** City 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 SIGNATURE gent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE NAME DIGNAM, THOMAS M. ☐ Change ■ Addition NAME STREET ADDRESS 5206 THE POINTE STREET ADDRESS CITY-ST-ZIP Englewood fl CITY-ST-ZIP TITLE ☐ Delete TITLE NAME MARTINEAU, PAUL J. ☐ Change ☐ Addition NAME STREET ADDRESS 180 RICH STREET STREET ADDRESS CITY-ST-ZIP VENICE FL CITY-ST-ZIP TITLE D.... Delete .\_ -\_ .TITLE\_ NAME MARTINEAU, ALBERT ☐ Addition NAME STREET ADDRESS 1334 OAK POINT CT. VENUCE FL 34294 180 RICH STREET STREET ADDRESS CITY-ST-ZIP YENIGE FL CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: