

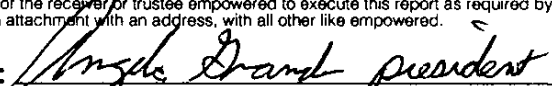


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 JAN 24 AM 8:58

<b>DOCUMENT # N98000004340</b>				<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  <b>08 JAN 24 AM 8:58</b>	
1. Entity Name <b>KEYSTONE LAKE HOMEOWNERS ASSOCIATION, INC.</b>		Principal Place of Business <b>C/O POINTE MANAGEMENT</b> <b>75 NE 6TH AVE STE 206</b> <b>DELRAY BEACH, FL 33483 US</b>		Mailing Address <b>C/O POINTE MANAGEMENT</b> <b>75 NE 6TH AVE STE 206</b> <b>DELRAY BEACH, FL 33483 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01042008 Chg-NP CR2E037 (12/06)	
City & State		City & State		4. FEI Number <b>65-0597668</b>	
Zip		Country		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>RANDALL K. ROGER &amp; ASSOC. P.A.</b> <b>621 NW 53 STREET, SUITE 300</b> <b>BOCA RATON, FL 33487</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOEOSMEIARE, FRANK		NAME	DAVID KHAN	
STREET ADDRESS	2326 NW 186 AVENUE		STREET ADDRESS	2340 NW 186 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP	PEMBROKE PINES, FL 33029	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANDE, ANGELO		NAME		
STREET ADDRESS	2317 NW 186 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES, FL 33029		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, MANNY		NAME		
STREET ADDRESS	19433 NW 23 ST		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33029		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			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 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: 		1/16/08		(954) 436-0560	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	