

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 19, 2009  
Secretary of State**

DOCUMENT# N99000002248

Entity Name: KEYSTONE POINT CONDOMINIUM ASSOCIATION INC.

**Current Principal Place of Business:**

5979 NW 151 STREET  
101  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 160718  
HIALEAH, FL 33016 US

**New Mailing Address:**

FEI Number: 65-1139884      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

KABA & ASSOCIATES, P.A.  
1840 W 49ST SUITE 235  
101  
HIALEAH, FL 33012 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: CASTANO, JESUS M  
Address: PO BOX 160718  
City-St-Zip: HIALEAH, FL 33016 US

Title: DV ( ) Delete  
Name: GARCIA, JOSE A  
Address: PO BOX 160718  
City-St-Zip: HIALEAH, FL 33016 US

Title: TD ( ) Delete  
Name: PEREZ, TANIA C  
Address: P.O. BOX 160718  
City-St-Zip: HIALEAH, FL 33016 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESUS M CASTAÑO

Electronic Signature of Signing Officer or Director

P

05/19/2009

Date