

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737306

Entity Name: KEYSTONE POINT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**12555 BISCAYNE BLVD
BOX 998
NORTH MIAMI, FL 33181**Current Mailing Address:**12555 BISCAYNE BLVD. #998
NORTH MIAMI, FL 33181 US**FEI Number:** 59-1059821**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARKS, SANDRA
12555 BISCAYNE BLVD
BOX 998
NORTH MIAMI, FL 33181 US*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:** SANDRA MARKS

02/20/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP, 2ND
Name	PECHON, BOB
Address	130005 CORONADO TERRACE
City-State-Zip:	NORTH MIAMI FL 33181

Title	PRESIDENT
Name	DELEON, KAREN
Address	1935 S. HIBISCUS DRIVE
City-State-Zip:	NORTH MIAMI FL 33181

Title	TREASURER
Name	MARKS, SANDRA
Address	1940 S HIBISCUS DR
City-State-Zip:	N MIAMI FL 33181

Title	SECRETARY
Name	SIMMONS, TINA
Address	1815 HIBISCUS DR
City-State-Zip:	NORTH MIAMI FL 33181

Title	VICE PRESIDENT 1ST
Name	SHARMAT, JEFF
Address	2330 ARCH CREEK DR
City-State-Zip:	NORTH MIAMI FL 33181

Title	PARLIMENTARIAN
Name	CORENBLUM, STUART
Address	12785 MAPLE RD
City-State-Zip:	NORTH MIAMI FL 33181

I hereby 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 all other like empowered.

SIGNATURE: SANDRA MARKS

TREASURER

02/20/2018

Electronic Signature of Signing Officer/Director Detail

Date