

2020 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

01/21/2020

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 |

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

| | |
|-----------------|----------------------|
| Title | PARLIMENTARIAN |
| Name | BASS, STEVEN |
| Address | 2240 ARCH CREEK DR |
| City-State-Zip: | NORTH MIAMI FL 33181 |

| | |
|-----------------|----------------------|
| Title | SECRETARY |
| Name | BOMIO, SYLVIA |
| Address | 1920 ALAMANDA DR |
| 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

01/21/2020

Electronic Signature of Signing Officer/Director Detail

Date