

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004641

FILED  
Apr 23, 2008  
Secretary of State

**Entity Name:** KEYSTONE SHORES HOMEOWNERS' ASSOCIATION INC.

**Current Principal Place of Business:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**New Principal Place of Business:**

**Current Mailing Address:**

9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702

**New Mailing Address:**

**FEI Number:** 59-3759128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAMPART PROPERTIES, INC.  
9887 FOURTH STREET NORTH  
SUITE 301  
ST. PETERSBURG, FL 33702 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: PD ( ) Delete  
Name: STILLMAN, DENNIS I  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST PETERSBURG, FL 33702

Title: VPD ( ) Delete  
Name: MICCICHE, CRAIG  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST PETERSBURG, FL 33702

Title: STD ( ) Delete  
Name: DAVIS, KIRK  
Address: 9887 FOURTH STREET NORTH #301  
City-St-Zip: ST PETERSBURG, FL 33702

**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: DENNIS STILLMAN

P

04/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date