

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004737

FILED
Apr 17, 2006
Secretary of State

Entity Name: KEY VISTA MASTER HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677

New Principal Place of Business:

3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683

Current Mailing Address:

PO BOX 2157
OLDSMAR, FL 34677

New Mailing Address:

PO BOX 1418
PALM HARBOR, FL 34682

FEI Number: 59-3658596

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANSON, JACK B
3974 TAMPA ROAD
SUITE B
OLDSMAR, FL 34677 US

Name and Address of New Registered Agent:

HANSON, JACK B
MELROSE MANAGEMENT GROUP
3527 PALM HARBOR BLVD
PALM HARBOR, FL 34683 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: JACK B HANSON

04/17/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JASZCZ, VICKI
Address: 2717 HAWK ROOST COURT
City-St-Zip: HOLIDAY, FL 34691

Title: VPD () Delete
Name: ADLER, JENNIFER
Address: 2446 WOOD POINTE DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: SD () Delete
Name: PETITTA, JENNIFER
Address: 2709 HAWK ROOST COURT
City-St-Zip: HOLIDAY, FL 34691

Title: TD () Delete
Name: POLL, BOB
Address: 2729 DOLPHIN WATCH COURT
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Delete
Name: COE, STEVE
Address: 2553 TIMACQUA DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Delete
Name: CLARKE, JAKE
Address: 2204 PLEASANT HILL LANE
City-St-Zip: HOLIDAY, FL 34691

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change () Addition
Name: ROY, LAURA JEAN
Address: 2652 RAVENDALE LANE
City-St-Zip: HOLIDAY, FL 34691

Title: SD (X) Change () Addition
Name: GALASSO, NOREEN
Address: 2647 WOOD POINTE DR
City-St-Zip: HOLIDAY, FL 34691

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 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: JACK B HANSON

AGEN

04/17/2006

Electronic Signature of Signing Officer or Director

Date