

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004737

FILED  
Apr 17, 2007  
Secretary of State

**Entity Name:** KEY VISTA MASTER HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1418  
PALM HARBOR, FL 34682

**New Mailing Address:**

**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  
MELROSE MANAGEMENT GROUP  
3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 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: ADLER, JENNIFER  
Address: 2446 WOOD POINTE DR  
City-St-Zip: HOLIDAY, FL 34691

Title: VPD ( ) Delete  
Name: PAULEY, ALLEN  
Address: 2008 BLUE RIVER RD  
City-St-Zip: HOLIDAY, FL 34691

Title: SD ( ) Delete  
Name: MURRAY, CHRISTINE  
Address: 2620 WOOD POINTE DR  
City-St-Zip: HOLIDAY, FL 34691

Title: D (X) Delete  
Name: ZYCHOWSKI, GREG  
Address: 2142 PLEASANT HILL DR  
City-St-Zip: HOLIDAY, FL 34691

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

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

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

Title: TD (X) Change ( ) Addition  
Name: MOROCCO, JAMES  
Address: 2620 WOOD POINTE DR  
City-St-Zip: HOLIDAY, FL 34691

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

RA

04/17/2007

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

\_\_\_\_\_  
Date