

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