


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90153 037 ****61.25

DOCUMENT # N00000004737

1. Entity Name
KEY VISTA MASTER HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address

3974 TAMPA ROAD **PO BOX 2157**
B **SUITE 301**
OLDSMAR FL 34677 **OLDSMAR FL 34677**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3658596** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

~~HANSON, JACK B~~
~~3974 TAMPA ROAD~~
~~B~~
~~OLDSMAR FL 34677~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

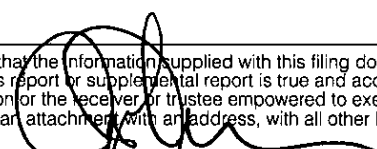
10. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	HUTCHINSON, ROBERT B	
STREET ADDRESS	255 PINE AVENUE NORTH	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	VELLA, JOSEPH	
STREET ADDRESS	255 PINE AVENUE NORTH	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SHARP, DON	
STREET ADDRESS	255 PINE AVENUE NORTH	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Johnson	
STREET ADDRESS	255 Pine Ave. N	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Floyd	
STREET ADDRESS	255 Pine Ave N	
CITY-ST-ZIP	Oldsmar, FL 34677	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED** 3/19/03

CR2E037 (10/02)