

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90027 011 \*\*\*\*70.00

<b>DOCUMENT # N34223</b> 1. Entity Name <b>RIVERLAKE ESTATES HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>KEYSTONE PROPERTY MANAGEMENT GROUP, INC.</b> <b>1717 20TH ST #102</b> <b>VERO BEACH, FL 32960 US</b>		Mailing Address <b>KEYSTONE PROPERTY MANAGEMENT GROUP, INC.</b> <b>1717 20TH ST #102</b> <b>VERO BEACH, FL 32960 US</b>	
2. Principal Place of Business <b>MARI PARSONS, ATTY</b> Suite, Apt. #, etc. <b>1327 N. CENTRAL AVE</b> City & State <b>SEBASTIAN, FL</b> Zip Country <b>32958 US</b>		3. Mailing Address <b>MARI PARSONS, ATTY</b> Suite, Apt. #, etc. <b>1327 N. CENTRAL AVE</b> City & State <b>SEBASTIAN, FL</b> Zip Country <b>32958 US</b>	
4. FEI Number <b>74-2998667</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required		01122006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent <b>KEYSTONE PROPERTY MANAGEMENT GROUP, INC</b> <b>2001 9TH AVE</b> <b>SUITE 308</b> <b>VERO BEACH, FL 32960</b>		7. Name and Address of New Registered Agent Name <b>MARI PARSONS</b> Street Address (P.O. Box Number is Not Acceptable) <b>1327 N. CENTRAL AVE.</b> City <b>SEBASTIAN</b> FL Zip Code <b>32958</b>	
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 <b>Esquivel</b> DATE <b>1-17-06</b> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRESSY, PATRICIA 7485 32ND CT VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUMMERS, PETE 3275 74th. ST. VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HENDREX, NX 3260 73RD PLACE VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	UPS HENDSEY, BUCK 3260 73rd. ST. VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHMIDT, LINDA 3285 74TH ST VERO BEACH, FL 32967 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUBID, CHARLOTTE 7350 30TH CT VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, SUE. 7425 30th. CT VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAWFORD, WILMA 7375 33RD AVENUE VERO BEACH, FL 32967 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOONE, HELLEN 7400 32nd. CT VERO BEACH, FL 32967 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
<b>SIGNATURE:  PETE SUMMERS, PD, 1-12-06 772-563-0102</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			