

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90002 001 ****61.25

DOCUMENT # N93000004248

1. Entity Name

KEYSTONE PARK COLONY HOMEOWNERS ASSOCIATION, INC

Principal Place of Business

Mailing Address

P.O. BOX 801
 ODESSA FL 33556

P.O. BOX 801
 ODESSA FL 33556-0801

934043



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3263060

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNEDY, BRUCE E

~~2529 SHOREWOOD LANE~~
LAND O' LAKES FL 34639

Name

KENNEDY, BRUCE E.

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

22044 DARLEY PL.

City

LAND O' LAKES

FL

Zip Code

34639

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	SCHAER, SKIP	
STREET ADDRESS	1650 COQUI COURT	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	WARFORD, SHEILA SHELIA	
STREET ADDRESS	1925 SCHAER WAY	
CITY-ST-ZIP	ODESSA FL 33556	
TITLE	D	<input type="checkbox"/> Delete
NAME	KENNEDY, BRUCE	
STREET ADDRESS	2529 SHOREWOOD LANE	
CITY-ST-ZIP	LAND O' LAKES FL 34639	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARFORD, SHELIA	
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		
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: BRUCE KENNEDY **BRUCE KENNEDY** 4/26/00 813-995-3757
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)