


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000004248**  
 1. Entity Name  
**KEYSTONE PARK COLONY HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 801**                              **P.O. BOX 801**  
**ODESSA, FL 33556**                        **ODESSA, FL 33556**

**DO NOT WRITE IN THIS SPACE**



04212006 No Chg-NP      CR2EQ37 (11/05)

4. FEI Number <b>59-3263060</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**KENNEDY, BRUCE E**  
**1625 COQUT CT**  
**ODESSA, FL 33556**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHAER, SKIP</b> <b>1650 COQUI COURT</b> <b>ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARFORD, SHELIA</b> <b>1925 SCHAER WAY</b> <b>ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNEDY, BRUCE</b> <b>1625 COQUT CT</b> <b>ODESSA, FL 33556</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000548779  
 05/12/06-80078-009 61.25

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.

SIGNATURE: \_\_\_\_\_      Date: **4/28/06**      Daytime Phone #: **727-347-8145**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR