


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 21, 2008 08:00 AM  
Secretary of State**

<b>DOCUMENT # N93000004248</b>	
<b>1. Entity Name</b> KEYSTONE PARK COLONY HOMEOWNERS ASSOCIATION, INC.	

<b>Principal Place of Business</b> P.O. BOX 801 ODESSA, FL 33556	<b>Mailing Address</b> P.O. BOX 801 ODESSA, FL 33556
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05172008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> 59-3263060	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <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** \_\_\_\_\_ **DATE** \_\_\_\_\_

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

**Filing Fee is \$61.25**  
**Due by September 12, 2008**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAER, SKIP 1650 COQUI COURT ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARFORD, SHELIA 1925 SCHAER WAY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BRUCE 1625 COQUT CT ODESSA, FL 33556
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000351824  
06/04/08-80053-010 61.25

**DO NOT WRITE IN THIS SPACE**

**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:** *Bruce Kennedy* **BRUCE KENNEDY** 5/1/08 727-897-8145

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #