

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

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

0062963

DOCUMENT # **N93000004248**

1. Entity Name

**KEYSTONE PARK COLONY HOMEOWNERS ASSOCIATION, INC**



04-30-2003 90075 049 \*\*\*\*61.25

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

11027702

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent

**KENNEDY, BRUCE E**  
**22044 DARLEY PL**  
**LAND O' LAKES FL 34639**

7. Name and Address of ~~Current~~ Registered Agent

Name **KENNEDY, BRUCE E.**

Street Address (P.O. Box Number is Not Acceptable)  
**1625 COQUI CT.**

City **ODESSA** FL Zip Code **33556**

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 \_\_\_\_\_

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHAER, SKIP</b> <b>1650 COQUI COURT</b> <b>ODESSA FL 33556</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WARFORD, SHELIA</b> <b>1925 SCHAER WAY</b> <b>ODESSA FL 33556</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KENNEDY, BRUCE</b> <b>22044 DARLEY PLACE</b> <b>LAND O' LAKES FL 34639</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1625 COQUI CT.</b> <b>ODESSA, FL 33556</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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** 4/27/03 227-847-8040

CR2E037 (10/02)