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

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

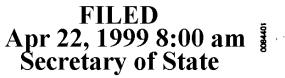
Secretary of State DIVISION OF CORPORATIONS

## N98000001300 **DOCUMENT #**

## KEENE'S POINTE COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address



04-22-1999 90172 025 \*\*\*\*61.25

2180 WEST SR 434 2180 WEST SR 434 SUITE 5000 SUITE 5000 LONGWOOD FL 32779-5044 LONGWOOD FL 327								
	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 03/05/1998			
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number			Applied For
22	m, etc.	27		59-3515099			Not Applicable	
City & State		City & State						Additional
_ ′	•	28			5. Certifcate of Status Desired		<b></b>	Required
Zip	Country		Country		6. Election Campaign Financing		\$5.0	0 May Be
<del></del>			,		Trust Fund Contribution			d to Fees
24	9. Name and Address of Curre	<u> </u>			10. Name and Address of New I	Registered A		
	- Maine and Addieso V. Carro	· ·	81	Name				
LIADT IA	AIFO W/ ID							
HART, JAMES W JR			82	Street A	ddress (P.O. Box Number is Not Accepta	able)		
SENTY MANAGEMENT, INC.			83					
	ST SR 434, SUITE 5000		03		·			
LONGWO	OD FL 32779-5044		84	City		FL	85 Zir	p Code
				<u> </u>	corporation submits this statement for the			
12.		TO DIRECTORO	13.		ADDITIONS/CHANGES TO OF	FICERS ANI	D DIREC	
TITLE	D	☐ DELETE 1	.1 TITLE		עם		LX Change	e
NAME	HARRIS, NEAL W		.2 NAME					
STREET ADDRESS	11101 CHASE ROAD	1.	.3 STREET	TADORESS				
CITY-ST-ZIP	WINDERMERE FL 34786		.4 CITY-S	T-ZIP				ET A delition
TITLE	D	☐ DELETE 2	.1 TITLE				X Change	e 🗌 Additio
NAME	DAVIS, BRUCE		.2 NAME					
STREET ADDRESS	10,000 MING AVENUE	2	3 STREET		11101 CHASE RD			
CITY-ST-ZIP	BAKERSFIELD CA 93311		. 4 CITY- S	T-ZIP	VINDERMERE FL 34786		Change	
TITLE	D	☐ DELETE 3	.1 TITLE				'{'/} Chang	e Additio
NAME	FREEMAN, BRUCE	3	2 NAME					
STREET ADDRESS	10,000 MING AVENUE	ž	.3 STREE	TADDRESS	11101 CHASE RD WINDERMERE FL 34786			
CITY-ST-ZIP	BAKERSFIELD CA 93311		.4. CITY-5	T-ZIP	WINDERMERE FL 34/86			
TITLE		☐ DELETE 4	.1 TITLE	1			Chang	e Additio
NAME		4	. 2 NAME					
STREET ADDRESS		4	3 STREE	TADDRESS				
CITY-ST-ZIP		4	4 CITY-S	T-ZIP				
TITLE		☐ DELETE 5	.1 TITLE				Chang	e
NAME		5	.2 NAME	1				
STREET ADDRESS		5	.3 STREE	TADORESS				
CITY-ST-ZIP		5	A CITY-S	T-ZIP				
TITLE		☐ DELETE 6	.1 TITLE	"			Chang	e Additio
NAME		6	2 NAME	l				
CTDEET ADDRESS	)	6	3 STREE	T ADDRESS				

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP