## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000001300

FILED Mar 23, 2004 Secretary of State

Entity Name: KEENE'S POINTE COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 59-3515099 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HART, JAMES W JR SENTY MANAGEMENT, INC. 2180 WEST SR 434, SUITE 5000 LONGWOOD, FL 327795044 US

**OFFICERS AND DIRECTORS:** 

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:

Electronic Signature of Registered Agent Date

## Electronic Olghatare of Negistered A

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition Name: HARRIS, NEAL W HARRIS, NEAL W

 Address:
 11101 CHASE ROAD
 Address:
 2241 HOLLOW RIDGE RD

 City-St-Zip:
 WINDERMERE, FL 34786
 City-St-Zip:
 OCOEE, FL 34761

Title: VD ( ) Delete Title: VPD (X) Change ( ) Addition Name: DAVIS, BRUCE DAVIS, BRUCE

 Address:
 11101 CHASE RD
 Address:
 11101 CHASE RD

 City-St-Zip:
 WINDERMERE, FL 34786
 City-St-Zip:
 WINDERMERE, FL 34786

Title: STD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 RICE, DAVID
 Name:

 Address:
 11101 CHASE RD
 Address:

 City-St-Zip:
 WINDERMERE, FL 34786
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEAL HARRIS PD 03/23/2004