2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006
Secretary of State

DOCUMENT# N98000001300

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

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HARRIS, NEAL W
Address: 2241 HOLLOW RIDGE RD
City-St-Zip: OCOEE, FL 34761

Title: VPD ( ) Delete
Name: DAVIS, BRUCE
Address: 11101 CHASE RD
City-St-Zip: WINDERMERE, FL 34786

Title: STD ( ) Delete
Name: RICE, DAVID
Address: 11101 CHASE RD
City-St-Zip: WINDERMERE, FL 34786

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: RINEHART, JOHN
Address: 6304 JACK NICKLAUS PKWY
City-St-Zip: WINDERMERE, FL 34786

Title: VPD (X) Change ( ) Addition
Name: RICE, DAVE
Address: 6304 JACK NICKLAUS PKWY
City-St-Zip: WINDERMERE, FL 34786

Title: STD (X) Change ( ) Addition
Name: SELLERS, LINDA
Address: 6304 JACK NICKLAUS PKWY
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Change (X) Addition
Name: YOUNG, MARIA
Address: 6761 VALHALLA WAY
City-St-Zip: WINDERMERE, FL 34786

Title: D ( ) Change (X) Addition
Name: MCCULLOUGH, TIM
Address: 4457 TWIN OAKS DR
City-St-Zip: MURRYSVILLE, PA 15668

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN RINEHART PD 03/07/2006

Electronic Signature of Signing Officer or Director — Date