
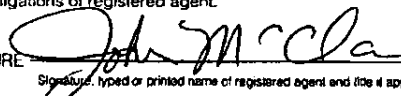



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-11-2004 90007 008 ****61.25

DOCUMENT # N03000005200 1. Entity Name KEYSTONE RESERVE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 325 SOUTH BLVD TAMPA FL 33606			Mailing Address 325 SOUTH BLVD TAMPA FL 33606		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 43-2035905				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 JAMES, JUDITH L 325 SOUTH BLVD TAMPA FL 33606			7. Name and Address of New Registered Agent Name JOHN MCCLAIN Street Address (P.O. Box Number is Not Acceptable) 19606 RHEA SEE DR City LUTZ FL Zip Code 33548		
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  JOHN MCCLAIN DATE 2/6/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HILL, LEWIS III		NAME		
STREET ADDRESS	19606 RHEA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33548		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCLAIN, JOHN		NAME		
STREET ADDRESS	19606 RHEA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33548		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AREY, J.R.		NAME		
STREET ADDRESS	19606 RHEA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33548		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  JOHN MCCLAIN			Date 2/6/04 Daytime Phone # 813 949-8888		