

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90301 001 \*\*\*\*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

18045 WAYNE RD.

3. Mailing Address

18045 WAYNE RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ODESSA, FL.

City & State

ODESSA, FL.

Zip

33556

Country

HILLSBOROUGH

Zip

33556

Country

HILLSB.

4. FEI Number

43-2035905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

MCCLAIN, JOHN  
19606 RHEA SEE DR  
LUTZ FL 33548

7. Name and Address of New Registered Agent

Name J.R. AREY

Street Address (P.O. Box Number is Not Acceptable)  
18045 WAYNE RD.

ODESSA

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

X J.R. AREY

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

3/5/05

DATE

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

**Due By May 1, 2005**

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 D  
NAME HILL, LEWIS III  
STREET ADDRESS 19606 RHEA DRIVE  
CITY-ST-ZIP LUTZ FL 33548 ☒ Delete

TITLE D  
NAME MCCLAIN, JOHN  
STREET ADDRESS 19606 RHEA DRIVE  
CITY-ST-ZIP LUTZ FL 33548 ☒ Delete

TITLE D  
NAME AREY, J.R.  
STREET ADDRESS 19606 RHEA DRIVE  
CITY-ST-ZIP LUTZ FL 33548 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT - DIR.  
NAME J.R. AREY  
STREET ADDRESS 18045 WAYNE RD.  
CITY-ST-ZIP ODESSA, FL 33556 ☒ Change ☐ Addition

TITLE VICE PRESIDENT/DIR.  
NAME RICHARD UHLE  
STREET ADDRESS 12827 CASTLEMAINE DR.  
CITY-ST-ZIP TAMPA, F 33626 ☒ Change ☐ Addition

TITLE SEC. TREAS./DIR.  
NAME TANYA LEE  
STREET ADDRESS 19120 WIND DANCER ST.  
CITY-ST-ZIP LUTZ, FL 33558 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: X J.R. AREY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/05 813-920-3843

Date

Daytime Phone #