

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90199 009 \*\*\*\*61.25

<b>DOCUMENT # N03000005200</b>					
<b>1. Entity Name</b> KEYSTONE RESERVE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 18045 WAYNE RD ODESSA, FL 33556			<b>Mailing Address</b> 18045 WAYNE RD ODESSA, FL 33556		
<b>2. Principal Place of Business</b> P.O. Box 181		<b>Mailing Address</b> P.O. Box 181		Suite, Apt. #, etc.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04052006 Chg-NP CR2E037 (11/05)	
<b>City &amp; State</b> ODESSA, Florida		<b>City &amp; State</b> ODESSA, Florida		<b>4. FEI Number</b> 43-2035905	
<b>Zip</b> 33556		<b>Country</b> USA		<b>Applied For</b> Not Applicable	
<b>Zip</b> 33556		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>					
AREY, J R 18045 WAYNE RD ODESSA, FL 33556					
<b>7. Name and Address of New Registered Agent</b>					
Name <u>ELAINE McCloud</u> Street Address (P.O. Box Number is Not Acceptable) <u>18740 Hillstone Drive</u> City <u>Odessa</u> <b>FL</b> Zip Code <u>33556</u>					
<b>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.</b> SIGNATURE <u>Elaine McCloud, President</u> DATE <u>4/12/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> AREY, J R <b>STREET ADDRESS</b> 18045 WAYNE RD <b>CITY-ST-ZIP</b> ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> VP <b>NAME</b> UHLE, RICHARD <b>STREET ADDRESS</b> 12827 CASTLEMAINE DR <b>CITY-ST-ZIP</b> TAMPA, FL 33626	<input type="checkbox"/> Delete				
<b>TITLE</b> STD <b>NAME</b> LEE, TANYA <b>STREET ADDRESS</b> 19120 WIND DANCER ST <b>CITY-ST-ZIP</b> LUTZ, FL 33558	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> P <b>NAME</b> ELAINE McCloud <b>STREET ADDRESS</b> 18740 Hillstone Drive <b>CITY-ST-ZIP</b> ODESSA, FL 33556	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b> STD <b>NAME</b> HARNICK, ASHLEY <b>STREET ADDRESS</b> 8619 Jackson Springs Rd <b>CITY-ST-ZIP</b> Tampa FL 33615	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> <b>SIGNATURE:</b> <u>Elaine McCloud, President</u> <u>4/14/06</u> <u>(813) 852-2481</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					