## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

**DOCUMENT # N03000005200** 1. Entity Name KEYSTONE RESERVE HOMEOWNERS ASSOCIATION,

PROCESS PLANTERS    DOES A WINE RD   DOES A PLANTERS   DOES A WINE RD   DOES A PLANTERS   DOES A PLANT	INC.							
Suite, Apt. 4, etc.  Suite, Ap	18045 WAYN	IE RD	18045 WAYNE RD		•	1		
Agree and Address of Current Registered Agent   Agree and Address of Current Registered Agent   Second Status Desired   Seco	Po. Box	[8]	4.0 (DOX [8] _	- y-	1			
2. Country 2. Country 2. Country 3. Country 3. Country 3. S. Certificate of Status Desired			F VA 1 - 1 -	مراني			<del></del>	
REY, J.R. 18.045 WAYNE RD ODESSA, FL 33556  8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the Safe of Root Registered with, and accept the obligations designed agent.  Filling Fee is \$61.25 Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/OHNAIGS TO OFFICERS AND DIRECTORS  12. ADDITIONS/OHNAIGS TO OFFICERS AND DIRECTORS  13. ADDITIONS/OHNAIGS TO OFFICERS AND DIRECTORS  14. ADDITIONS/OHNAIGS TO OFFICERS AND DIRECTORS  15. DIRECTORS  16. OFFICERS AND DIRECTORS  17. ST. 3P.  18. ADDITIONS/OHNAIGS TO OFFICERS AND DIRECTORS  18. The above a read antity submit with, and accept the addition officers and addition offi	Zip	Country	Zip		<del></del>		5 Additional	
Name	732			WSH.	7. Name and Address			
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 sepsispred agent.  SIGNATURE  SIGNATURE  SIGNATURE  SINGER ADDITIONS PROBLEM TO DEFICERS AND DIRECTORS  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS STREET ADDRESS CITY-ST-2P  AME SIRET ADDRESS  OUTY-ST-2P  UHLE, RICHARD  STREET ADDRESS  CITY-ST-2P  TITE  NAME  SIRET ADDRESS  CITY-ST-2P  TITE  NAME  SIRET ADDRESS  CITY-ST-2P  TITE  NAME  SIRET ADDRESS  CITY-ST-2P  Delete  TITE  NAME  SIRET ADDRESS  CITY-ST-2P  TITE  TITE  NAME  SIRET ADDRESS  CITY-ST-2P  TITE  SIRET ADDRESS  CITY-ST-2P  TITE  SIRET ADDRESS  CITY-ST-2P  TITE  SIRET ADDRESS  CITY-S	18045 WA	YNE RD			(P.Q. Box Number is Not A	(UVC		
SIGNATURE Signature, hypotor progress agent.  FIRING Fee is \$61.25  Due by May 1, 2006  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  TITLE  MAKE STREET ADDRESS CITY-ST-2P  TOULE, RICHARD SIREET ADDRESS CITY-ST-2P  Change Addition Addition SIREET ADDRESS CITY-ST-2P  TOULE, RICHARD SIREET ADDRESS CITY-ST-2P  Change Addition Addition Addition Addition SIREET ADDRESS CITY-ST-2P  Change Addition Additio				1 000		- FL	33656	
Trust Fund Contribution. Added to Fees Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  ITILE PARTY JR STREET ADDRESS 18045 WAYNE RD ODESSA, FL 33556 CTY-ST-ZP ODESSA, FL 33558 CTY-ST-ZP ODESSA, FL 3355	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  SIGNATURE  SIGNATURE							
TITLE MAME AREY, JR STREET ADDRESS GITY-ST-ZP ODESSA, FL 33556  TITLE MAME UHLE, RICHARD UHLE, RICHA			0 51			States about more		
AREY, J.R  STREET ADDRESS  18045 WAYNE RD  ODESSA, FL. 33556  CITY-ST-ZP  ODESSA, FL. 33556  CITY-ST-ZP  TITLE  VP  ODESSA, FL. 33556  CITY-ST-ZP  TAMPA, FL. 33626  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TAMPA, FL. 33626  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  STD  WALE  STREET ADDRESS  CITY-ST-ZP  TOWN ST-ZP  LUTZ, FL. 33558  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZP  TITLE  STREET ADDRESS  CITY-ST-ZP  TITLE			· · · · · · · · · · · · · · · · · · ·	•	Added to Fees	Florida Departmen	t of State	
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NAME STREET ADDRESS CITY-ST-ZIP LUTZ, FL 33558  TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	OFFICERS AND DIR P AREY, J R 18045 WAYNE RD	Trust Fund Con	TIFLE NAME STREET ADDRESS	Added to Fees  ADDITIONS/CHANGES TO THE MCCLOW	Florida Department O OFFICERS AND DIRECTO A DO NE DRIVE	DRS IN 10 hange Addition	
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I hereby certify that the information supplied with this filling 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.

GNATURE:

SIGNATURE AND TYPED OR PRINTED KAME OF BIGNING OFFICER OR DIRECTOR

Date

Date

Described Statutes. I further certify that the information contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report 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 the corporation of 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 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 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 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 the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation or trustee empowered to execute the corporation or trustee empowered to execute the corpo

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