


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90057 023 ****61.25

DOCUMENT # 764921 1. Entity Name KEY COLONY PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 2090 COLONIAL ROAD #7 FT. PIERCE, FL 34950			Mailing Address 2090 COLONIAL ROAD #7 FT. PIERCE, FL 34950		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0163888	
5. Certificate of Status Desired <input type="checkbox"/>				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 BELLIO, SEBASTIAN 2050 COLONIAL RD #1 FORT PIERCE, FL 34950			7. Name and Address of New Registered Agent Name <u>Donna Rice</u> Street Address (P.O. Box Number is Not Acceptable) <u>2070 Colonial Rd #3</u> City <u>FL Pierce</u> FL Zip Code <u>34950</u>		
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 <u>DONNA A RICE Treasurer</u> 3-2007 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	PD SHOWERMAN, DONALD 2080 COLONIAL RD 4 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHERLIN, SEAN 2030 COLONIAL ROAD #2 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GOLDEN, WENDY 2090 COLONIAL RD 5 FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gertie Gribble 2010 Colonial Rd #6 FL Pierce FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BELLIO, BRINDA 2080 COLONIAL ROAD #1 FORT PIERCE, FL 34950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Susan James 2070 Colonial Rd #2 FL Pierce FL 34950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICE, DONNA 2070 COLONIAL ROAD #3 FORT PIERCE, FL 34950	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.					
SIGNATURE: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>3-2007</u> Daytime Phone # <u>7723591360</u>		