

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004736

**FILED**  
**Jun 22, 2015**  
**Secretary of State**  
**CC0844646781**

**Entity Name:** KEY VISTA SINGLE FAMILY HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683

**Current Mailing Address:**

3527 PALM HARBOR BLVD.  
PALM HARBOR, FL 34683

**FEI Number: 74-3082615**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HANSON, JACK B  
MELROSE MANAGEMENT  
3527 PALM HARBOR BLVD  
PALM HARBOR, FL 34683 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name MOROCCO, TRI  
Address 2620 WOOD POINTE DR  
City-State-Zip: HOLIDAY FL 34691

Title S  
Name NEWMAN, CHUCK  
Address 2437 BAYFIELD COURT  
City-State-Zip: HOLIDAY FL 34691

Title VP  
Name MASTRODONATO, RON  
Address 2640 WOOD POINTE DR  
City-State-Zip: HOLIDAY FL 34691

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TRI MOROCCO**

**PRESIDENT**

**06/22/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date