

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004737

Entity Name: KEY VISTA MASTER 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:** 59-3658596**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HANSON, JACK B
MELROSE MANAGEMENT PARTNERSHIP
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 PD
Name BIERLY, BOB
Address 2230 PLEASANT HILL LANE
City-State-Zip: HOLIDAY FL 34691

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

Title D
Name MASTRODONATO, RON
Address 3527 PALM HARBOR BLVD
City-State-Zip: PALM HARBOR FL 34683

Title D
Name MARACOTTA, ELLEN
Address 3527 PALM HARBOR BLVD
City-State-Zip: PALM HARBOR FL 34683

Title SD
Name PUDUP, RICHARD
Address 2823 PLANTAIN DRIVE
City-State-Zip: HOLIDAY FL 34691

Title VP
Name ZYCHOWSKI, GREG
Address 2142 PLEASANT HILL LANE
City-State-Zip: HOLIDAY FL 34691

Title D
Name BOLTE, SHARON
Address 3527 PALM HARBOR BLVD
City-State-Zip: PALM HARBOR FL 34683

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

TD

04/02/2013

Electronic Signature of Signing Officer/Director Detail

Date