

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001300

**FILED**  
**Apr 21, 2014**  
**Secretary of State**  
**CC7136350862**

**Entity Name:** KEENE'S POINTE COMMUNITY ASSOCIATION, INC.

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809

**Current Mailing Address:**

6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 US

**FEI Number:** 59-3515099

**Certificate of Status Desired:** No

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

FURLOW, REBECCA  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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            PRESIDENT  
Name            SMITH, KEVIN  
Address        9757 CARILLON PARK DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title            TREASURER  
Name            BARBERICH, PATRICK  
Address        9757 CARILLON PARK DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title            VP  
Name            SIMPSON, CHERYL  
Address        9757 CARILLON PARK DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title            SECRETARY  
Name            WOLFF, NORMAN M  
Address        9757 CARILLON PARK DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title            DIRECTOR  
Name            WICHNER, ALAIN  
Address        9757 CARILLON PARK DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title            DIRECTOR  
Name            BLACKWELL, RUSSELL  
Address        9757 CARILLON PARK DRIVE  
City-State-Zip: WINDERMERE FL 34786

Title            DIRECTOR  
Name            KELLEY, GREGORY  
Address        9757 CARILLON PARK DR  
City-State-Zip: WINDERMERE FL 34786

*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:** KEVIN SMITH

**PRESIDENT**

**04/21/2014**

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

\_\_\_\_\_  
Date