

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000001300

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	KELLEY, GREGORY A
Address	9757 CARILLON PARK DRIVE
City-State-Zip:	WINDERMERE FL 34786

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

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

Title	DIRECTOR
Name	SEIN, RICHARD
Address	9757 CARILLON PARK DRIVE
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****04/17/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date