


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90040 043 ****61.25

DOCUMENT # 708169		
1. Entity Name LAKE KEEN COMMUNITY ASSOCIATION, INC.		

Principal Place of Business 18620 YOCAM AVE LUTZ, FL 33549	Mailing Address P.O. BOX 2544 LUTZ, FL 33549
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40004808



01122005 Chg-NP CR2E037 (10/03)

4. FEI Number 78-1693922	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
VILLEGAS, DAVID 18610 LAKESHORE DRIVE LUTZ, FL 33549	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS	
TITLE	ST <input type="checkbox"/> Delete
NAME	FOWLER, CHARLOTTE
STREET ADDRESS	922 HILLSIDE DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	FLOWERREE, BARBARA
STREET ADDRESS	18504 LAKESHORE DR
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	P <input type="checkbox"/> Delete
NAME	VILLEGAS, DAVID
STREET ADDRESS	18610 LAKESHORE DRIVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	VP <input type="checkbox"/> Delete
NAME	FORTUNATO, MIKE
STREET ADDRESS	18612 LAKESHORE DRIVE
CITY-ST-ZIP	LUTZ, FL
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	LAW, FRANCES
STREET ADDRESS	18707 YOCAM AVE
CITY-ST-ZIP	LUTZ, FL 33549
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Troughton
STREET ADDRESS	18723 Yocam
CITY-ST-ZIP	Lutz, Fla. 33549
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ralph Hackell
STREET ADDRESS	18820 Tracer DR.
CITY-ST-ZIP	Lutz, FL. 33549
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Charlotte M Fowler* **1/17/05** **813-221-9782**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #