

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90043 015 ****61.25

DOCUMENT # 741078 1. Entity Name KEYSTONE GOLF AND COUNTRY CLUB, INC.					
Principal Place of Business 294 SE 43RD STREET KEYSTONE HEIGHTS, FL 32656 US				Mailing Address 294 SE 43RD ST. KEYSTONE HEIGHTS, FL 32656 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-0939614	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JACKSON, JOHN W 4951 SW 143 RD STREET STARKE, FL 32091				7. Name and Address of New Registered Agent Name McDonald, William Street Address (P.O. Box Number is Not Acceptable) 1235 S.W. Pointview City Keystone Heights FL Zip Code 32656	
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 <small>Signature, typed or printed name of registered agent and fee if applicable.</small>				DATE 2-14-05 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MC NAIR, THERESA 471 SE 41ST LOOP APT 160 KEYSTONE HEIGHTS, FL 32656	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, JOHN 4951 SW 143RD STREET STARKE, FL 32091	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WILLIAM, MCDONALD 1235 SW. POINTVIEW KEYSTONE HEIGHTS, FL 32656	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STAFFORD, JOHN T 1086 SE COUNTY RD 21B MELROSE, FL 32666	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:				DATE 2-14-05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small> 352/498-2623	



ATTACHMENT

Division of Corporations

40019687

Annual Report

Document Number

741078

Business Entity Name

KEYSTONE GOLF AND COUNTRY CLUB, INC.

FEI Number

590939614

FEI Number Status

☐ Applied For ☐ Not Applicable ☒ Current

Certificate of Status Desired

☐ Yes ☒ No \$8.75 eachElection Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Principal Place of Business

Address

294 SE 43RD STREET

Suite, Apt. #, etc.

City, State

KEYSTONE HEIGHTS

FL

Zip Code & Country

32656

US

Mailing Address

Address

294 SE 43RD ST.

Suite, Apt. #, etc.

City, State

KEYSTONE HEIGHTS

FL

Zip Code & Country

32656

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

McDonald

William

-or- RA Business Name

Address

1235 S.W. Point View

Suite, Apt. #, etc.

City, State

Keystone Heights

FL

Zip Code & Country

32656

US

If there is a change in registered agent, the new agent will need to type their name in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature William McDonald

This signature must be that of the individual "signing" this document electronically or be

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made with the full knowledge and permission of the individual, otherwise it constitutes
forgery under s.831.06, Florida Statutes.

Officer/Director Name And Address

40019687

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
Zip Code & Country

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address
City, State
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Name (Last, First, Middle, Title)
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Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

PD

Officer/Director Signature

William McDonald

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes forgery under s.831.06, Florida Statutes. The individual "signing" this document affirms that the facts stated herein are true.

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Annual Report

The following is a review of the changes you are making for the filing of your Annual Report. Please verify the information for accuracy before submitting the document. Should you have additional corrections, use your browser 'BACK' button, make the necessary changes and use the 'CONTINUE' button again.

Document Number	741078
Business Entity Name	KEYSTONE GOLF AND COUNTRY CLUB, INC.
FEI Number	590939614
FEI Number Status	Current
Certificate of Status Desired	No
Election Campaign Financing Trust Fund Contribution	No

Principal Place of Business

Address 294 SE 43RD STREET
Suite, Apt. #, etc.
City, State KEYSTONE HEIGHTS, FL
Zip Code & Country 32656 US

Mailing Address

Address 294 SE 43RD ST.
Suite, Apt. #, etc.
City, State KEYSTONE HEIGHTS, FL
Zip Code & Country 32656 US

Name And Address of Registered Agent

Name (Last, First, Middle, Title) MCDONALD, WILLIAM
Address 1235 S.W. POINT VIEW
Suite, Apt. #, etc.
City, State KEYSTONE HEIGHTS, FL
Zip Code & Country 32656 US
Registered Agent Signature WILLIAM MCDONALD

Officer/Director Name And Address

Title SD
Name (Last, First, Middle, Title) MC NAIR, THERESA
Street Address 471 SE 41ST LOOP APT 160
City, State KEYSTONE HEIGHTS, FL

ATTACHMENT

Zip Code & Country 32656
Title PD
Name (Last, First, Middle, Title) MCDONALD, WILLIAM
Street Address 1235 S.W. POINT VIEW
City, State KEYSTONE HEIGHTS, FL
Zip Code & Country 32656
Title VPD
Name (Last, First, Middle, Title) WALKER, BEN
Street Address 4627 S.E. 2ND. AVENUE
City, State KEYSTONE HEIGHTS, FL
Zip Code & Country 32656
Title TD
Name (Last, First, Middle, Title) GAINES, RICHARD
Street Address 19635 S.R. 16 WEST
City, State STARKE, FL
Zip Code & Country 32091
Title PD
Officer/Director Signature WILLIAM MCDONALD

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Annual Report

Payment Page

Document Tracking # - 200045425002

Document Number # - 741078

The charge amount for your filing is \$61.25

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Sunbiz E-file Account Payment

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