
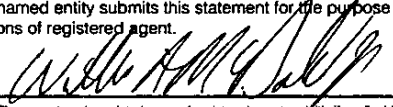



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90077 027 ****70.00

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-0939614	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MC DONALD, WILLIAM 1235 SW POINTVIEW KEYSTONE HEIGHTS, FL 32656			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 title if applicable.</small>			DATE 1-23-06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MC NAIR, THERESA		NAME		
STREET ADDRESS	471 SE 41ST LOOP APT 160		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MC DONALD, WILLIAM		NAME		
STREET ADDRESS	1235 SW POINTVIEW		STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALKER, BEN		NAME	VPD Hockman, Robert L.	
STREET ADDRESS	4627 SE 2ND AVE		STREET ADDRESS	4617 S.E. 3rd place	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GAINES, RICHARD D		NAME		
STREET ADDRESS	19635 SR-16 WEST		STREET ADDRESS		
CITY-ST-ZIP	STARKE, FL 32091		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 01-23-06 <small>Daytime Phone #</small>		