2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2008 8:00 am Secretary of State

## Principal Place of Business	DOCUMENT # 741078 1. Entity Name KEYSTONE GOLF AND COUNTRY CLUB, INC.								01-31-200	8 900	26 023	****61.2	25		
Sulte, Apt #, etc. Sulte, Apt #, etc. D1282008 Cng-NP CR2E37 (12/06)	294 SE 43RD STREET 2				294 SE 43RD ST.) and its (dure	s old by them didn't sale		an akan alan	elen blen eli	YINL AN FAN	
City & State Country Country Country S. Conditional of Status Desired R. State and Address of Current Registered Agent Name W. I. L. on M. P. D. Bullet L. Street Address of New Registered Agent Name W. I. L. on M. P. D. Bullet L. City & State Heights FL 20 Code City & State Houses City 51 PP Make chock payable to Fiorida Department of State Flifting Fee is \$61.25 Delete Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURCEIL, THEODORE M SIRE! ADDRESS YEARS FL 3.2656 City 51 PP Intil Name PURC	2. Principal Place of Business - No P.O. Box #			3. Mail	3. Mailing Address										
Section Sect	Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				01282008	Chg-NP		CR2E037	7 (12/06)		
8. Name and Address of Current Registered Agent HOCKMAN, ROBERT L 4617 S.E. 3RD ST KEYSTONE HEIGHTS, FL 32656 8. The above named entity submits this statement for the Appropriate of Changing 4s registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered pagent. Filling Foe is \$61.25 Delete State of Forida agent with a process of changing 4s registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent, or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent. Or both, in the State of Forida. I am familiar win, and accept the obligations of registered agent. Or both, in the State of Forid	City & State			Cit	City & State			-							
Name William MeDanuck	Zip	Zip Country		Žip	Zip		Country		5. Certificate	of Status Desi	ired	□ \$	8.75 Add ee Require	litional d	
HOCKMAN ROBERT L 4617 S.E. 3RD ST KEYSTONE HEIGHTS, FL 32656 8. The above named entity submits this statement for the physician of changing its registered office or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registered grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registering grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registering grows of registering grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registering grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the obligations of registering grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the registering grows or registering grows or registered agent, or both, in the State of Florida. I an familiar with, and accept the registering grows or registering		6. Name	and Address of Curre	nt Registere	d Agent				7. Name and	Address of N	lew Reg	istered A	gent		
B. The above named entity submits this statement of the business in experience of the policy atoms of registered green. SIGNATURE Filling Foe is \$61.25 Due by May 1, 2008	4617 S.E.	3RD ST		,				Name William McDonald Street Address (P.O. Box Number is Not Acceptable)							
8. The above named entity submis this statement of bit foliopose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered gent. 1 - 30 - 03				,			City K	eysta	one He.	glits		FL	Zip Cod	5-6	
Trust Fund Contribution. □ Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE SD	the obliga	tions of regis	teregt agent							oth, in the State				and accept	
TITLE NAME NAME NAME NAME NAME NAME NAME NAM			or privide flavor or region to ag			L. Neglatere	ad Agent signal		when reinstalling)	······		DATE			
NAME SIRET ADDRESS CITY-ST-ZIP HARDAGE, LEE G 6975 GATOR BONE RD KEYSTONE HEIGHTS, FL 32656 MAME SIRET ADDRESS CITY-ST-ZIP VD PURCEIL, THEODORE M 707 SKATE RD 26 MELROSE, FL 32666 MELROSE, FL 32656 MAMEROSE, FL 32656 MAMEROSE, FL 32656 MELROSE, FL 32		_	e is \$61.25		9. Election Car	mpaign F	inancing		\$5.00 May E	Зе	Mal	ke check			
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST	10.	_	ee is \$61.25 May 1, 2008		9. Election Car	mpaign F Contribut	Financing tion.		\$5.00 May B Added to Fees	·	Mal Florid	ke check la Depart	ment of S	late	
STREET ADDRESS LATE SHOULD STREET ADDRESS LATE SHOULD STREET ADDRESS LATE SHOULD STREET ADDRESS LATE SHOULD	TITLE NAME STREET ADDRESS	SD HARDAG 6975 GA	oe is \$61.25 May 1, 2008 OFFICERS AND SE, LEE G TOR BONE RD	DIRECTORS	9. Election Car Trust Fund (mpaign F Contribut 11. TITLI NAM STRE	Financing tion. E ME EET ADDRESS		\$5.00 May B Added to Fees	·	Mal Florid	ke check la Depart	ment of S	10	
TITLE TD Delete TITLE NAME STREET ADDRESS 4615 S.E. 2ND AVE CITY-ST-ZIP KEYSTONE HEIGHTS, FL 32656 TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD HARDAG 6975 GA' KEYSTO! VD PURCEIL 707 SKA'	OFFICERS AND OFFICERS AND SE, LEE G TOR BONE RD NE HEIGHTS, FL 32 THEODORE M TE RD 26	DIRECTORS	9. Election Car Trust Fund (mpaign F Contribut 11. TITLL NAM STRI CITY TITL NAM STRI	E EET ADDRESS		\$5.00 May E Added to Fees ADDITIONS/CH	IANGES TO OF	Mal Florid	ke check la Depart	ECTORS IN	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SD HARDAG 6975 GA KEYSTO VD PURCEIL 707 SKA MELROS PD HOCKMA 4617 SE	OFFICERS AND OFFICERS AND SE, LEE G TOR BONE RD NE HEIGHTS, FL 32 THEODORE M TE RD 26 SE, FL 32666 AN, ROBERT L 3RD PLACE	DIRECTORS	9. Election Car Trust Fund (TITLE NAMES TRIESTERS TO STREET TO S	E ME EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS EET ADDRESS	VD Way 475 Key PD Will	\$5.00 May E Added to Fees ADDITIONS/CH Ine E. S 5 SE & H Stone He I Lam May	is bert care cights to Donald	Mal Florid FFICERS	ke check a Departs 6 AND DIR	ment of SI ECTORS IN Change Change	10 Addition	
NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	SD HARDAG 6975 GA KEYSTO VD PURCEIL 707 SKA MELROS PD HOCKMA 4617 SE KEYSTO TD TYSINGE 4615 S.E	OFFICERS AND OFFIC	DIRECTORS 2656	9. Election Car Trust Fund (TITL NAM STRI CITY	E ME EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP)	VD Way 475 Key PD Will	\$5.00 May E Added to Fees ADDITIONS/CH Ine E. S 5 SE & H Stone He I Lam May	is bert care cights to Donald	Mal Florid FFICERS	ke check a Departs 6 AND DIR	ment of SI ECTORS IN Change Change	10 Addition Addition Addition	
to describe a suit, that the telegraphic constitute this differ the supposition of the described to Observe 440 Final described the Contract of the described to the described t	TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	SD HARDAG 6975 GA KEYSTO VD PURCEIL 707 SKA MELROS PD HOCKMA 4617 SE KEYSTO TD TYSINGE 4615 S.E	OFFICERS AND OFFIC	DIRECTORS 2656	9. Election Car Trust Fund (TITL NAM STRI CITY	E ME EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E AGE EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP) E EET ADDRESS (-ST-ZIP)	VD Way 475 Key PD Will	\$5.00 May E Added to Fees ADDITIONS/CH Ine E. S 5 SE & H Stone He I Lam May	is bert care cights to Donald	Mal Florid FFICERS	ke check ia Departi	ment of SI ECTORS IN Change Change Change Change	10 Addition Addition Addition	

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 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 other like empowered.

| Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an other like empowered.

| Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an other like empowered.

SIGNATURE: _