

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90420 043 ****61.25

DOCUMENT # 746263

1. Entity Name

LAKE KEYSTONE PROPERTY OWNERS ASSOCIATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

18240 WAYNE RD

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 757

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Odessa FL

City & State

Odessa FL

4. FEI Number

59-1924215

Applied For

Not Applicable

Zip

33556

Country

USA

Zip

33556

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jim Swain

Street Address (P.O. Box Number is Not Acceptable)

18240 Wayne Rd

City

Odessa

FL

Zip Code

33556

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

President

Jim SWAIN

18240 WAYNE RD

Odessa FL 33556

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President

MARK EBERBACH

18009 Crawley Rd

Odessa FL 33556

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Treasurer

TOM WERNER

8613 Vivian Bass Way

Odessa FL 33556

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Secretary

Steve Metzer

17305 Solie Rd

Odessa FL 33556

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

Richard Maestrelli

8619 Vivian Bass Way

Odessa FL 33556

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Director

April: Tom MANNING

18109 Crawley Rd

Odessa FL 33556

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas J. Werner

THOMAS J. WERNER

4/15/02 813-920-0332