## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000004735

FILED Apr 17, 2009 Secretary of State

Entity Name: KEY VISTA VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:				New Principal Place of Business:			
C/O RESOURCE PROPERTY MANAGEMENT, INC. 28100 US HWY 19 N., STE. 305 CLEARWATER, FL 33761 US				C/O RESOURCE PROPERTY MANAGEMENT, INC. 28100 US HWY 19 N., STE. 205 CLEARWATER, FL 33761 US			
Current Mailing Address:				New Mailing Address:			
C/O RESOURCE PROPERTY MANAGEMENT, INC. 28100 US HWY 19 N., STE. 305 CLEARWATER, FL 33761 US				C/O RESOURCE PROPERTY MANAGEMENT, INC. 28100 US HWY 19 N., STE. 205 CLEARWATER, FL 33761 US			
FEI Number: 5	59-3658597	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status	s Desired ( )
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
REINHARDT, DEBRA RESOURCE PROPERTY MANAGEMENT, INC. 28100 US HWY 19 N., STE. 305 CLEARWATER, FL 33761 US  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.							
SIGNATUR		Signature of Registered Agen	ıt			Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	DP () D BIERLY, BOB 2230 PLEASANT HOLIDAY, FL 346	HILL LN.		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DVP () D CASEY, DIANA 2940 WOOD POII HOLIDAY, FL 346	NTE DR.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DT () D KOPCZYNSKI, MO 2145 PLEASANT HOLIDAY, FL 340	ONIKA HILL LN	,	Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D ZYCHOWSKI, GR 2142 PLEASANT HOLIDAY, FL 346	REG HILL LN.		Title: Name: Address: City-St-Zip:	DVP (X) ZYCHOWSKI, G 2142 PLEASANT HOLIDAY, FL 3	T HILL LN.	
Title: Name: Address: City-St-Zip:	D () D CUSHING, KERR' 2417 PLEASANT HOLIDAY, FL 346	Y HILL LANE		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS () D MCPHERSON, PA 2236 PLEASANT HOLIDAY, FL 346	ATRICIA HILL LN.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB BIERLY DP 04/17/2009