2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004735

FILED Apr 20, 2011 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. 7300 PARK STREET

28100 US HWY 19 N., STE. 205 SEMINOLE, FL 33777 US CLEARWATER, FL 33761 US

Current Mailing Address: New Mailing Address:

C/O RESOURCE PROPERTY MANAGEMENT, INC. 7300 PARK STREET

28100 US HWY 19 N., STE. 205 SEMINOLE, FL 33777 US CLEARWATER, FL 33761 US

FEI Number: 59-3658597 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REINHARDT, DEBRA
RESOURCE PROPERTY MANAGEMENT, INC.
7300 PARK STREET

28100 US HWY 19 N., STE. 305 SEMINOLE, FL 33777 US 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.

SIGNATURE: 04/20/2011

JRE: 04/20/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DP

Name: BIERLY, BOB

Address: 2230 PLEASANT HILL LN. City-St-Zip: HOLIDAY, FL 34691

Title: DVP

Name: PUDUP, RICHARD
Address: 2823 PLANTAIN DRIVE
City-St-Zip: HOLIDAY, FL 34691

Title: DT

Name: KOPCZYNSKI, MONIKA Address: 2145 PLEASANT HILL LN City-St-Zip: HOLIDAY, FL 34691

Title: DS

Name: MCPHERSON, PATRICIA
Address: 2236 PLEASANT HILL LANE
City-St-Zip: HOLIDAY, FL 34691

City-St-Zip. TOLIDAT, TE 3

Title:

 Name:
 ZYCHOWSKI, GREG

 Address:
 2142 PLEASANT HILL LANE

 City-St-Zip:
 HOLIDAY, FL 34691

Title:

Name: RICE, EDWARD
Address: 2314 PLEASANT HILL LN.
City-St-Zip: HOLIDAY, FL 34691

I hereby 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 all other like empowered.

SIGNATURE: BOB BIERLY DP 04/20/2011