## **2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # N00000006947

1. Entity Name



**FILED** Mar 21, 2008 8:00 am Secretary of State 03-21-2008 90020 044 \*\*\*\*61.25

Name of State   State   Name and Address of Current Registered Agent   State	KEYŚTONE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.									
Suite, Apt   F. REC	16630 NORTH DALE MABRY HWY 16630 NORTH DALE MABRY					4004	19681			
Suite, Apt   F. REC										
City & State  Ci	2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address	ailing Address						
To   Country   Zp   Country   Sp-3694-197   Inst Applicable   St. Centricate of Status Desired   St. Additional   Pee Required   Pee Requir	Suite, Apt.	#, etc.	Suite, Apt. #, etc	uite, Apt. #, etc.		02142008 CI	ng-NP	CR2E037	(12/06)	
S. Cerricular Systats, Section   Fee Required	City & State		City & State	Sity & State			7			
Name	Zip	Country	Zip	Country		5. Certificate of St	atus Desired			
Street Address (P.O. Box Number is Not Acceptable)   Street Address (P.O. Box Numbe		6. Name and Address of Current	Registered Agent	N.I.		7. Name and Add	ress of New R	egistered Ag	gent	
16630 N D ALE MABRY HWY.   TAMPA, FL 33618-1400   Siret Address (P.O. Box Number is Not Acceptable)	WESTFAL	L. JOHN		IN S	Name					
E. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    Signature, speed or primer have of registered agent and like if applicable   (MOTE: Registered Agent agenture resurce when remaking)   DATE	16630 N D	ALE MABRY HWY.		St	reet Address (	(P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tan familiar with, and accept the obligations of registered agent.  SIGNATURE    Filling Fee is \$61.25				Ci	ity				Zip Code	<del>)</del>
SIGNATURE	D. The observe		the name of shoosi	no ito special asset of	flica or repieter	ad apont or both in	the State of Ele		milior with	and accord
Filing Fee is \$61.25   Due by May 1, 2008   Prosting Transform Commission Financing   S5,000 May Be Added to Fees   Make check payable to Florida Department of States										
Filing Fee is \$61.25   Due by May 1, 2008   Provision Cambaign Financing   S5,00 May Be Added to Fees   Make check payable to Plorida Department of Statement o	CICNIATURE									
10.	SIGNATURE .	Signature, typed or printed name of registered agent a	ind title if applicable	(NOTE: Registered Ager	nt signature required	when reinstating)		DATE		<u>-</u>
ITILE NAME COLEMAN, DANNY STREET ADDRESS CITY-ST-ZIP TILE TO SANDERFORD, RON STREET ADDRESS CITY-ST-ZIP TILE NAME SANDERFORD, RON STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33624  TILE NAME STREET ADDRESS CITY-ST-ZIP TAMPA, FL 336181400  TILE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDR	9					\$5.00 May Be Added to Fees				
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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										
	12. I hereby	certify that the information supplied with	this filing does not qua	lify for the exempt	ions contained	I in Chapter 119, Flor	ida Statutes. I	further certify	that the in	formation or director

indicated on this report of supplemental report is true and acturate an instruction 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 changed, or on an attachment with an address, with all other like empowered.

5. 13 962-6544

SIGNATURE:

02.29.08

313-787-5110

Daytime Phone ≠