

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006947

**FILED**  
**Mar 11, 2010**  
**Secretary of State**

**Entity Name:** KEYSTONE PROFESSIONAL PARK OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400 US

**New Principal Place of Business:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400

**Current Mailing Address:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400 US

**New Mailing Address:**

16630 NORTH DALE MABRY HWY  
TAMPA, FL 336181400

**FEI Number:** 59-3694197

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WESTFALL, JOHN  
16630 N DALE MABRY HWY.  
TAMPA, FL 336181400 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: COLEMAN, DANNY  
Address: 9426 LAZY LANE STE 105  
City-St-Zip: TAMPA, FL 33614

Title: TD  
Name: SANDERFORD, RON  
Address: 8315 GUNN HWY  
City-St-Zip: TAMPA, FL 33626

Title: PD  
Name: SORRELL, DAVID  
Address: 8345 GUNN HWY  
City-St-Zip: TAMPA, FL 336261608

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: DANNY COLEMAN

SD

03/11/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date