

05-10-2002 90054 040 ****61.25

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

DOCUMENT # N01000002272

1. Entity Name

KEYSTONE AT SOMERSET NEIGHBORHOOD ASSN. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2180 W. SR 434

3. Mailing Address
 2180 W. SR 434

Suite, Apt. #, etc.
 STE 5000

Suite, Apt. #, etc.
 STE 5000

DO NOT WRITE IN THIS SPACE

City & State
 LONGWOOD, FL

City & State
 LONGWOOD, FL

4. FEI Number
 59-3732052

Applied For
 Not Applicable

Zip
 32779-5004

Country
 US

Zip
 32779-5004

Country
 US

5. Certificate of Status Desired \$8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name
 FLETCHER, PATRICIA K P.A.

Street Address (P.O. Box Number is Not Acceptable)
 200 S. BISCAYNE BLVD., STE. 3410

City
 MIAMI FL 33131

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 UBR filer (Applicable) (NOTE: Registered Agent signature required when re-registering)

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
 PD
 NAME
 HORNE, T CHAD
 STREET ADDRESS
 5402 BEAUMONT CENTER BLVD STE 108
 CITY-ST-ZIP
 TAMPA, FL 33634

TITLE
 VD
 NAME
 NADER, DAVID
 STREET ADDRESS
 5402 BEAUMONT CENTER BLVD STE 108
 CITY-ST-ZIP
 TAMPA, FL 33634

TITLE
 STD
 NAME
 VALENTI, BETTY
 STREET ADDRESS
 4902 EISENHOWER BLVD STE 289
 CITY-ST-ZIP
 TAMPA, FL 33634

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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DO NOT WRITE IN THIS SPACE

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: Betty D. Valenti BETTY D. VALENTI 3/22/02 813 907-5263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Excess Phone #

CD050375 (12/01)