## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000009935

FILED Apr 06, 2006 Secretary of State

Entity Name: KEYSTONE POINTE AT ST. CLOUD HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

Current Mailing Address: New Mailing Address:

2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044

FEI Number: 56-2170806 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:

HART, JAMES W JR. SENTRY MANAGEMENT INC 2180 W. SR 434, STE. 5000 LONGWOOD, FL 327795044 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:

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Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD () Delete
 Title:
 PD (X) Change () Addition

 Name:
 DIAZ-ASPER, JOSE
 Name:
 DIAZ-ASPER, JOSE

 Address:
 2462 PINE CHASE CIR
 Address:
 2400 KAYAK CT

 City-St-Zip:
 ST CLOUD, FL 34769
 City-St-Zip:
 ST CLOUD, FL 34772

Title: VD ( ) Delete Title: VPD (X) Change ( ) Addition

 Name:
 DIAZ, CYCLOS
 Name:
 DIAZ, CARLOS

 Address:
 2400 KAYAK CT
 Address:
 2400 KAYAK CT

City-St-Zip: SAINT CLOUD, FL 34772 City-St-Zip: SAINT CLOUD, FL 34772

Title: SD () Delete Title: () Change () Addition

 Name:
 DIAZ, ELENA
 Name:

 Address:
 2700 KAYAK CT
 Address:

 City-St-Zip:
 ST CLOUD, FL 34772
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSE DIAZ-ASPER PD 04/06/2006