

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 06, 2006  
Secretary of State**

DOCUMENT# N03000009935

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

**Current Principal Place of Business:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Principal Place of Business:**

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

FEI Number: 56-2170806      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HART, JAMES W JR.  
SENTRY MANAGEMENT INC  
2180 W. SR 434, STE. 5000  
LONGWOOD, FL 327795044 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: PD ( ) Delete  
Name: DIAZ-ASPER, JOSE  
Address: 2462 PINE CHASE CIR  
City-St-Zip: ST CLOUD, FL 34769

Title: VD ( ) Delete  
Name: DIAZ, CYCLOS  
Address: 2400 KAYAK CT  
City-St-Zip: SAINT CLOUD, FL 34772

Title: SD ( ) Delete  
Name: DIAZ, ELENA  
Address: 2700 KAYAK CT  
City-St-Zip: ST CLOUD, FL 34772

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DIAZ-ASPER, JOSE  
Address: 2400 KAYAK CT  
City-St-Zip: ST CLOUD, FL 34772

Title: VPD (X) Change ( ) Addition  
Name: DIAZ, CARLOS  
Address: 2400 KAYAK CT  
City-St-Zip: SAINT CLOUD, FL 34772

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date