

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009935

FILED
Apr 10, 2007
Secretary of State

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: 56-2470806 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: 2400 KAYAK CT
City-St-Zip: ST CLOUD, FL 34772

Title: VPD () Delete
Name: DIAZ, CARLOS
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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARRERO, LUIS
Address: 3004 DIAMOND LN
City-St-Zip: ST CLOUD, FL 34772

Title: VPD (X) Change () Addition
Name: CIRAULO, BRIAN
Address: 3256 LORIMAR LN
City-St-Zip: SAINT CLOUD, FL 34772

Title: SD (X) Change () Addition
Name: MILLER, GEORGE W
Address: 3203 SLATE RD
City-St-Zip: ST CLOUD, FL 34772

Title: TD () Change (X) Addition
Name: GOWER, NICOLE
Address: 3262 LORIMAR LN
City-St-Zip: ST CLOUD, FL 34772

Title: D () Change (X) Addition
Name: BRYSON, KATHY
Address: 3037 DIAMOND LN
City-St-Zip: ST CLOUD, FL 34772

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: LUIS MARRERO

PD

04/10/2007

Electronic Signature of Signing Officer or Director

_____ Date