

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009935

FILED  
Apr 10, 2008  
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: MARRERO, LUIS  
Address: 3004 DIAMOND LN  
City-St-Zip: ST CLOUD, FL 34772

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

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

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

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

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: WECK, MIKE  
Address: 3016 DIAMOND LN  
City-St-Zip: ST CLOUD, FL 34772

Title: TD (X) Change ( ) Addition  
Name: HEMPEL, RONALD  
Address: 3052 SAND STONE CIR  
City-St-Zip: ST CLOUD, FL 34772

Title: D (X) Change ( ) Addition  
Name: DUNCAN, MIKE  
Address: 3120 KEYSTONE POINTE CT  
City-St-Zip: ST CLOUD, FL 34772

I hereby certify that the information supplied with this filing does not qualify 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

04/10/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date