

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009935

**FILED**  
**Jan 13, 2009**  
**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:**

5955 T.G. LEE BLVD  
STE 300  
ORLANDO, FL 328224457

**Current Mailing Address:**

2180 WEST SR 434 SUITE 5000  
LONGWOOD, FL 327795044

**New Mailing Address:**

5955 T.G. LEE BLVD  
STE 300  
ORLANDO, FL 328224457

**FEI Number:** 56-2470806

**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:**

REBECCA, FURLOW  
5955 T.G. LEE BLVD  
STE 300  
ORLANDO, FL 32822 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:** REBECCA FURLOW

01/13/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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

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

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

**Title:** D ( ) Delete  
**Name:** DUNCAN, MIKE  
**Address:** 3120 KEYSTONE POINTE CT  
**City-St-Zip:** ST 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 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

01/13/2009

Electronic Signature of Signing Officer or Director

Date