2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

| ANNUAL REPORT | | | | | | | Secretary of State | | | | |
|--|--|---------|---|---------------------|---------------------------------|-------------|--|--------------------------|---------------------------------------|------------|--|
| DOCUMENT # N0600003666 1. Entity Name KEYSTONE PROPERTY OWNERS ASSOCIATION, INC. | | | | | | | 4-11-2008 90051 | | | | |
| 17 SOUTH PALAFOX PLACE PO E | | | ling Address) BOX 12358 NSACOLA, FL 32591 | | | | 4000000 , | | | | |
| 2. Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | | |
| Post Office Box 12 | | | | | | • | 04022008 _C | hg-NP CR2 | E037 (12/06) | | |
| , , | | | isacola, Flor | cola, Florida 32591 | | | 4. FEI Number 20-448724 | 10 | - | oplied For | |
| Pensacola, FL 32502 | | | | | | | 5. Certificate of S | tatus Desired | \$8.75 Add | ditional | |
| 6. Name and Address of Current Registered Agent | | | | | | | 7. Name and Add | fress of New Register | · · · · · · · · · · · · · · · · · · · | | |
| Name Name | | | | | | | | | | | |
| BAKER, RICHARD R 17 S PALAFOX PLACE | | | | | 3 West Garden Street, Suite 394 | | | | | | |
| SUITE 394 PENSACOLA, FL 32501 | | | | | Pensacola, FL 32502 | | | | | | |
| | | | | | City | | FL Zip Code | | | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | | Selection Campaign Financing Trust Fund Contribution. | | | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | | | | |
| 10. | OFFICERS AND DIF | RECTORS | | 11. | | , , , , , , | ADDITIONS/CHANG | ES TO OFFICERS AND | DIRECTORS IN | l 10 | |
| NAME STREET ADDRESS CITY-ST-ZIP | PD RIGBY, JENNIFER J 17 SOUTH PALAFOX, SUITE 39 PENSACOLA, FL 32502 | 4 | ☐ Delete | | | l | est Garden St acola, FL 32 | treet, Suite 394 2502 | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD WALTON, GARRETT W 17 SOUTH PALAFOX, SUITE 39- PENSACOLA, FL 32502 | 4 | ☐ Delete | | | l | est Garden S acola, FL 32 | treet, Suite 394 2502 | 1 Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD BAKER, RICHARD R 17 SOUTH PALAFOX, SUITE 394 PENSACOLA, FL 32502 | 4 | ☐ Delete | | | | est Garden S acola, FL 32 | treet, Suite 394 2502 | Change 4 | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | □ Delete | | | | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME | | | ☐ Delete | TITLE | | | | | ☐ Change | Addition | |

12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Pichard R. Baker skinature and typed or printed name of skining officer or director

4/4/08

850-434**-**5330

Daytime Prione #