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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N14208 (5)

KEYSTONE RECREATION ASSOCIATION, INC.										
Principal Place	Mailing Address				1 (4811181 481 (1811 816) # 11411 86191		41414 E1E11 (
P O BOX 516 KEYSTONE H) EIGHTS FL 32656-7516	P O BOX 516 KEYSTONE HEIGHTS	FL 32656-751	6						
						3. Date Incorporated or Qualified 04/07/1986		e of Last F 3/02/19		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For S9-2900885 Applied For Not Applicable					
21		26								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required				
City & State	9	City & State			6. Election Campaign Financing			May Be		
23		28	C			Trust Fund Contribution			to Fees	
Zip	Country Zip		Cour 30	ntry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes 1 Yes 1 No				
24	25 9. Name and Address of Curre	29 ent Registered Agent	[30]			10. Name and Address of New Ro				
	g. Hamb and Addition of Carre			81	Name		<u>-</u>	.F		
WILLIAM	IS, MARK			82	Stroot Ark	dress (P.O. Box Number is Not Acceptable	e)			
5325 CF			L	"	Street Acc	areas (to zero areas estate a sero areas estate a sero areas estate a sero areas estate a sero areas estate a				
SUITE 1	200		i	83						
KEYSTO	IN HEIGHTS FL 32656		ŀ	84	City		FI	85 Zip	Code	
			1			ation a built this statement for the pure	FL.	oging its re	onistered office	
11. Pursuant or registe	to the provisions of Sections 617.050 red agent, or both, in the State of Fig	02 and 617.1508, Florida Stati orida: Such change was author	ites, the aborized by the c	ve-n orpo	named corpo oration's bo	oration submits this statement for the purp ard of directors. I hereby accept the appo	intment as	registered	agent. I am	
familiar w	ith, and accept the obligations of, Se	ction 617.0503, Florida Statute	es.							
SIGNATURE		A section of a section below the section of the sec	IOTh Population	Acres	d civilative record	red when reinstating)	DATE			
12.	Signature, typed or printed name of registered agr OFFICERS A	ND DIRECTORS	13.	AURIT	it signature requi	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	
TITLE	P	DELETE	1170	LE	Τ,	T/D		Change	Addition	
NAME	WILLIAMS, MARK		1.2 NA	ME		Smill Patrician 6	, _			
STREET ADDRESS	5325 CR 352		1.3 \$1	REET	ADDRESS .	Smith, Patricia 6. 5996 5. Spring Lai Kayatana Haighta	ro No	/		
CITY-SI-ZIP	KEYSTONE HEIGHTS FL		1.4 CF	TY - S	IT-ZIP	Kaustona Haiants	74	37 62		
TITLE	V	DELETE	2 1 TII	TLE		// 🖒	L	Change	Addition	
NAME	WATERS, TREVOR		2 2 NA	ME	<	lanthon Meng 1528 Wind Com C				
STREET ADDRESS	2631 S.E. 41ST PL		2 3 ST	REET				456		
CITY - ST - ZIP	MELROSE FL		2 4 C	ITY - S	ST-21P	Koystona Hoights, s	_			
TITLE	VD	DELETE	3 1 Ti	TLE	-	5/0		change	Addition	
NAME	BLACKALL, NANCY		3 2 NA	AME		Blackall. Nancy 1985 5A 100				
STREET ADDRESS	8335 SR 100		3351	TREET	ADDRESS	paar 5/2 100				
C(1) - ST - Z(P	MELROSE FL		34. C	ITY -	ST-ZIP	Melvasa, 74		705	☐ Addition	
TIFLE	TD	∽			- 1		Г			
NAME	1	□ D ELETE	4.1 TI				[Change		
STREET ADDRESS	SHAW, DEAN	Œ ∂£LETÉ	4. 2 N	IAME			[_J Change		
	SHAW, DEAN 2412 S.E. 80TH AVE.	₽ ∂£LETE	4. 2 N 4.3 S1	iame Treet	ADORESS		[] Unange		
CITY - S7 - ZIP	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL	_	4. 2 N 4.3 ST 4 4 CI	IAME TREET ITY - S					☐ Addition	
TITLE	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL SD	™ 0€LETE	4. 2 N 4.3 S1 4 4 Cl 5 1 Te	IAME TREET ITY - S TLE	ADORESS			Change	Addition	
TITLE NAME	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL SD BANNON, KIM	_	4. 2 N 4.3 ST 4.4 CI 5.1 Ti 5.2 N	IAME TREET ITY - S TLE AME	FADORESS ST-ZIP				Addition	
TITLE NAME STREET ADDRESS	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL SD BANNON, KIM 7440 BIONVILLE AVENUE	_	4, 2 N 4,3 S1 4 4 Cl 5 1 Tr 5 2 N 5 3 S1	IAME TREET ITY - S TLE AME TREET	T ADDRESS				☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL SD BANNON, KIM	DELETE	4. 2 N 4.3 S1 4 4 CI 5 1 Ti 5 2 N 5 3 SI 5 4 CI	TREET TLE AME TREET	FADORESS ST-ZIP		[Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL SD BANNON, KIM 7440 BIONVILLE AVENUE	_	4.2 N 4.3 S1 4.4 CI 5.1 Tr 5.2 N 5.3 S1 5.4 GI 6.1 Tr	TREET TLE AME TREET TTY-S TLE	I ADDRESS ST-ZIP T ADDRESS ST-ZIP		[☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL SD BANNON, KIM 7440 BIONVILLE AVENUE KEYSTONE HEIGHTS FL	DELETE	4.2 N 4.3 S1 4.4 C1 5.1 Tr 5.2 N 5.3 S1 5.4 C1 6.1 Tr 6.2 N	TREET TY-S TLE AME TREET HTY-S TLE AME	I ADDRESS ST-ZIP I ADDRESS ST-ZIP		[☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	SHAW, DEAN 2412 S.E. 80TH AVE. MELROSE FL SD BANNON, KIM 7440 BIONVILLE AVENUE KEYSTONE HEIGHTS FL	DELETE	4.2 N 4.3 S1 4.4 C1 5.1 Tr 5.2 N 5.3 S1 5.4 C1 6.1 Tr 6.2 N 6.3 S	TREET THE TREET TREET TREET TREET TREET TREET TREET TREET	I ADDRESS ST-ZIP T ADDRESS ST-ZIP		[☐ Change		

14. Ido herety certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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