FILE NOW: FILING FEE IS $61.25

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Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N14208** (5)

1. Corporation Name
KEYSTONE RECREATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
P O BOX 516 KEYSTONE HEIGHTS FL 32656-7516	P O BOX 516 KEYSTONE HEIGHTS FL 32656-0516

3. Date Incorporated or Qualified: 04/07/1986
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 59-2900885 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAMS, MARK
5325 CR 352
SUITE 1200
KEYSTON HEIGHTS FL 32656

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MARK		1.2 NAME		
STREET ADDRESS	5325 CR 352		1.3 STREET ADDRESS		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	WATERS, TREVOR		2.2 NAME		
STREET ADDRESS	2631 S.E. 41ST PL		2.3 STREET ADDRESS	23805E 315T ST	
CITY-ST-ZIP	MELROSE FL		2.4 CITY-ST-ZIP	Melrose Fla	
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLACKALL, NANCY		3.2 NAME		
STREET ADDRESS	8335 SR 100		3.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		3.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☒ Addition
NAME	SMITH, PATRICIA L.		4.2 NAME	Turner, Jamie	
STREET ADDRESS	5976 S SPRING LAKE ROAD		4.3 STREET ADDRESS	7135 Rollins St.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		4.4 CITY-ST-ZIP	Keystone Heights, Fla 32656	
TITLE	VD	☒ DELETE	5.1 TITLE	VD	☒ Change ☒ Addition
NAME	MENG, CARLTON		5.2 NAME	Williams, Carol	
STREET ADDRESS	7578 WIND COVE COURT		5.3 STREET ADDRESS	5325 CR 352	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		5.4 CITY-ST-ZIP	Keystone Heights, Fla 32656	
TITLE	SD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BLACKHALL, NANCY		6.2 NAME		
STREET ADDRESS	8335 SR 100		6.3 STREET ADDRESS		
CITY-ST-ZIP	MELROSE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/23/97 (352) 475-