

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90012 004 ****70.00

DOCUMENT # N14208 1. Entity Name KEYSTONE RECREATION ASSOCIATION, INC.					
Principal Place of Business 6725 LITTLE RAIN LAKE RD KEYSTONE HEIGHTS, FL 32656			Mailing Address P.O. BOX 516 KEYSTONE HEIGHTS, FL 32656		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01262006 Chg-NP CR2E037 (11/05)	
Zip		Country		4. FEI Number 59-2900885	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WHITE, DANIEL T ESQ C/O COMMERCE LAW GROUP, A PROFESSIONAL LIM 1115 NW 13ST STREET GAINESVILLE, FL 32601				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☒ Delete	TITLE	P	☒ Change ☐ Addition
NAME	CRAVEY, LISA		NAME	Susan Schoen	
STREET ADDRESS	6725 LITTLE RAIN LAKE RD		STREET ADDRESS	6725 Little Rain Lake Rd	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE	VPTD	☒ Delete	TITLE	V	☒ Change ☐ Addition
NAME	GIBBS, TONYA		NAME	Daniel Paterakis	
STREET ADDRESS	6725 LITTLE RAIN LAKE RD		STREET ADDRESS	6725 Little Rain Lake Rd	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE	D	☒ Delete	TITLE	S	☒ Change ☐ Addition
NAME	THOMAS, RONALD		NAME	Christine Joyner	
STREET ADDRESS	6725 LITTLE RAIN LAKE RD		STREET ADDRESS	6725 Little Rain Lake Rd	
CITY-ST-ZIP	KEYSTONE HEIGHTS, FL 32656		CITY-ST-ZIP	Keystone Heights, FL 32656	
TITLE		☐ Delete	TITLE	T	☒ Change ☐ Addition
NAME			NAME	Shannon Canova-Draney	
STREET ADDRESS			STREET ADDRESS	6725 Little Rain Lake Rd.	
CITY-ST-ZIP			CITY-ST-ZIP	Keystone Heights FL 32656	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby 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.					
SIGNATURE: <i>Shannon Canova-Draney</i>			<i>Shannon Canova-Draney</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <i>01/30/06</i> Daytime Phone # <i>(362) 473-4400</i>		