


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 29, 2008 8:00 am**  
**Secretary of State**

07-29-2008 90009 016 \*\*\*\*61.25

<b>DOCUMENT # N14208</b>	
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
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40112161



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06192008 Chg-NP CR2E037 (12/06)

4. FEI Number 59-2900885	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
WHITE, DANIEL T ESQ C/O COMMERCE LAW GROUP, A PROFESSIONAL LIM 1115 NW 13ST STREET GAINESVILLE, FL 32601		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHOEN, SUSAN 6725 LITTLE RAIN LAKE RD KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jason Parmeter <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6725 Little Rain Lake Rd Keystone, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANOVA-DRANEY, SHANNON 6725 LITTLE RAIN LAKE RD KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Shannon Bishop <input type="checkbox"/> Change <input type="checkbox"/> Addition 6725 Little Rain Lake Rd Keystone, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOBLES, DWAIN 6725 LITTLE RAIN LAKE RD KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Mitch Dicks <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6725 Little Rain Lake Rd Keystone, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JEWELL, FAITH 6725 LITTLE RAIN LAKE RD KEYSTONE HEIGHTS, FL 32656 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Wendy Galpin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6725 Little Rain Lake Rd Keystone, FL 32656
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Susan Schoen Susan Schoen 9/20/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #