2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14208

FILED Jun 24, 2009 Secretary of State

Entity Name: KEYSTONE RECREATION ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

6725 LITTLE RAIN LAKE RD KEYSTONE HEIGHTS, FL 32656

Current Mailing Address: New Mailing Address:

P.O. BOX 516 KEYSTONE HEIGHTS, FL 32656

FEI Number: 59-2900885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WHITE, DANIEL T ESQ C/O COMMERCE LAW GROUP, A PROFESSIONAL LIMI 1115 NW 13ST STREET GAINESVILLE, FL 32601 US

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete PARMETER, JASON BISHOP, SHANNON B Name: Name: 6725 LITTLE RAIN LAKE RD Address: 6725 LITTLE RAIN LAKE RD Address: City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: Title: (X) Change () Addition () Delete BISHOP, SHANNON Name: Name: FENDER, JENNIFER M Address: 6725 LITTLE RAIN LAKE RD Address: 6725 LITTLE RAIN LAKE RD City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: VΡ () Delete Title: (X) Change () Addition DICKS, MITCH DICKS, MITCHELL D Name: Name:

6725 LITTLE RAIN LAKE RD Address: Address: 6725 LITTLE RAIN LAKE RD City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

Title: () Delete Title: (X) Change () Addition

Name: GALPIN, WENDY Name: PRESSLEY, KALI V 6725 LITTLE RAIN LAKE RD Address: Address: 6725 LITTLE RAIN LAKE RD City-St-Zip: KEYSTONE HEIGHTS, FL 32656 City-St-Zip: KEYSTONE HEIGHTS, FL 32656

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHANNON BISHOP Ρ 06/24/2009