SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE [illegible]: $1[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9: 15

DOCUMENT # N21307 (6)

1. Corporation Name
KEITH POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
510 KEITH POINT DRIVE SARASOTA FL 34236	510 KEITH POINT DRIVE SARASOTA FL 34236

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1987
3a. Date of Last Report: 04/06/1994
4. FEI Number: 65-0106382 — [ ] Applied For [X] Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 520 Keith Pointe Dr	26 520 Keith Pointe Dr.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sarasota, FL	City & State 28 Sarasota, FL
Zip 24 34236 — Country 25 USA	Zip 29 34236 — Country 30 USA

5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [ ] — **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRIGGS, ELAINE 510 CORTE REAL SARASOTA FL 34236	81 Name: SARA DOSTER 82 Street Address (P.O. Box Number is Not Acceptable) 83 520 Keith Pointe Dr. 84 City: Sarasota FL 85 Zip Code: 34236

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 [signature] DATE 6-23-95
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	DPT	1 1 TITLE	President D	[X] Change [ ] Addition
NAME	BRIGGS, ELAINE	1 2 NAME	Doster, Sara	
STREET ADDRESS	510 KEITH POINT DRIVE	1 3 STREET ADDRESS	520 Keith Pointe Dr.	
CITY ST ZIP	SARASOTA FL	1 4 CITY ST ZIP	Sarasota FL 34236	
TITLE	DV	2 1 TITLE	V. Pres. D	[X] Change [ ] Addition
NAME	DOSTER, SARA	2 2 NAME	Briggs, Elaine	
STREET ADDRESS	520 KEITH POINT DRIVE	2 3 STREET ADDRESS	510 Keith Pointe Dr.	
CITY ST ZIP	SARASOTA FL	2 4 CITY ST ZIP	Sarasota, FL 34236	
TITLE	DS	3 1 TITLE		[ ] Change [ ] Addition
NAME	BRIGGS, BERRY	3 2 NAME		
STREET ADDRESS	510 KEITH POINT DRIVE	3 3 STREET ADDRESS		
CITY ST ZIP	SARASOTA FL	3 4 CITY ST ZIP		
TITLE		4 1 TITLE		[ ] Change [ ] Addition
NAME		4 2 NAME		
STREET ADDRESS		4 3 STREET ADDRESS		
CITY ST ZIP		4 4 CITY ST ZIP		
TITLE		5 1 TITLE		[ ] Change [ ] Addition
NAME		5 2 NAME		
STREET ADDRESS		5 3 STREET ADDRESS		
CITY ST ZIP		5 4 CITY ST ZIP		
TITLE		6 1 TITLE		[ ] Change [ ] Addition
NAME		6 2 NAME		
STREET ADDRESS		6 3 STREET ADDRESS		
CITY ST ZIP		6 4 CITY ST ZIP		

14. I do hereby 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Sara Doster — 6-23-95 — 813-318-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/95)

0018844