FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N21307 (6)

1. Corporation Name

KEITH POINTE PROPERTY OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
34236EITH POINT DRIVE SARASOTA FL 34236 US	520 KEITH POINTE DRIVE SARASOTA FL 34236 US

3. Date Incorporated or Qualified: 06/24/1987
3a. Date of Last Report: 06/30/1995

2. Principal Place of Business
21: 510 Keith Pt Dr
22: Suite, Apt. #, etc.
23: City & State: Sarasota FL
24: Zip: 34236 25: Country

2a. Mailing Address
26: 510 Keith Pt Dr
27: Suite, Apt. #, etc
28: City & State: Sarasota FL
29: Zip: FL 34236 30: Country

4. FEI Number: 65-0106382 ☐ 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

DOSTER, SARA
520 KEITH POINTE DRIVE
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: ELAINE BRIGGS
82 Street Address (P.O. Box Number is Not Acceptable): 510 Keith Pt Dr
83:
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: Elaine A. Briggs 3/24/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	DOSTER, SARA		12 NAME		
STREET ADDRESS	520 KEITH POINTE DRIVE		13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		14 CITY-ST-ZIP		
TITLE	~~VD~~ PD	☐ DELETE	21 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	BRIGGS, ELAINE		22 NAME		
STREET ADDRESS	510 KEITH POINTE DRIVE		23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		24 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	BRIGGS, BERRY Barry C		32 NAME		
STREET ADDRESS	510 KEITH POINT DRIVE		33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL		34 CITY-ST-ZIP		
TITLE	D	☐ DELETE	41 TITLE	500001764265	☐ Change ☐ Addition
NAME	Louella Cook		42 NAME	-04/01/96--01029--001	
STREET ADDRESS	520 Keith Pointe Dr		43 STREET ADDRESS	***61.25	
CITY-ST-ZIP	Sarasota FL 34236		44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E037 (12/95)

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: Elaine A. Briggs 3/9/96 9113883553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #