## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # N21307**

1. Entity Name

KEITH DOINTE DEODEDTY OWNERS ASSOCIATION INC



FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90222 025 \*\*\*\*61.25

KLIIIII	INTE PROPERTY OWNERS A	SSOCIATION, INC.							
Principal Place of Business  500 KEITH PT. DR  SARASOTA FL 34236  US		Mailing Address ATTN: M.A. BEG 520 KEITH POINTE DRIVE SARASOTA FL 34236							
2. Principal Place of Business 520 KEITH POINTE DR		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
SARA		City & State			4. FEI Number 65-0106382			opplied For lot Applicable	
Zip 3423	Country	Zip	Country		5. Certificate of	Status Desired	\$8.75 Ac		
	6. Name and Address of Current F				7. Name and Address of New Registered Agent				
		Name M			.A.BEG				
COCKS,		Street Address			(P.O. Box Number is Not Acceptable)				
500 KEM Saraso1	H PT. DR FA FL 34236	520		οĸ	EITH 1	POINTE	DRIVE		
			City S	AR	ASOTA		FL Zip Co	<sup>de</sup> 36	
8. The above	named entity submits this statement for	the purpose of changing its r				n the State of Floric	la. I am familiar with	, and accept	
the obligat	cignature, typed or printed name of egistered agent a	nd title if appRable. (NOTE:	Registered Agent signat	ture required	when reinstating)	1/	16/200 DATE	3_	
1	FILE NOW: FEE IS \$61.25	9. Election Cam Trust Fund Co	npaign Financing \$5.00 May Be ontribution.   Added to Fees				Make Check Payable to Florida Department of State		
10.	OFFICERS AND DIR	ECTORS	11.	Α	ADDITIONS/CHAN	GES TO OFFICERS	AND DIRECTORS II		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIMMER, KEN 510 KEITH POINT DRIVE SARASOTA FL 34236	☐ Delete	TITLE NAME STREET ADDRESS *CITY-ST-ZIP				☐ Change	Addition 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS COCKS, ALAN 500 KEITH PT. DR SARASOTA FL 34236	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	500	-	HULTZ POINTED FL 342		Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEG, JIM 520 KEITH PT. DR SARASOTA FL 34236	Delete	TITLE NAME STREET ADDRESS - CITY-ST-ZIP			POINTE FL 34		Addition	
TITLE NAME STREET ADDRESS   CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	סר	<del>1013017</del>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		, ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 orders, with all other like empowered.

**SIGNATURE:** 

1/16/2003

941-3885065