

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # N23840

1. Entity Name
**KEYSTONE LAKE REGION BUSINESS ASSOCIATION,
INC.**



Principal Place of Business
P.O. BOX 1891
KEYSTONE HEIGHTS, FL 32656

Mailing Address
P.O. BOX 1891
KEYSTONE HEIGHTS, FL 32656



01192008 No Chg-NP

CR2E037 (11/05)

4. FEI Number
59-2872751

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ETHERIDGE, DEBORAH J
50 SE 50TH STREET
KEYSTONE HEIGHTS, FL 32656

**DO NOT WRITE
IN THIS SPACE**

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 except the obligations of registered agent.

SIGNATURE

Deborah Etheridge

Signature, typed or printed name of registered agent and title if applicable.

(If the Registered Agent signature required when reinstating)

2-7-06

DATE

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HULON, BOB
5470 CHRISTIAN CAMP RD.
KEYSTONE HEIGHTS, FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TANNER-RICE, GRAYLYN
1004 SE COUNTY RD. 21B
MELROSE, FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WHITE, TAMARA
7400 STATE ROAD 21
KEYSTONE HEIGHTS, FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
ETHERIDGE, DEBORAH J
50 SE 50TH STREET
KEYSTONE HEIGHTS, FL 32656

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000427996
02/21/06-80025-023 61.25

**DO NOT WRITE
IN THIS SPACE**

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

Deborah Etheridge