


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 09, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # N93000004248**  
1. Entity Name  
**KEYSTONE PARK COLONY HOMEOWNERS  
ASSOCIATION, INC.**



Principal Place of Business      Mailing Address  
**P.O. BOX 801**                              **P.O. BOX 801**  
**ODESSA, FL 33556**                        **ODESSA, FL 33556**



01072005 No Chg-NP      CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-3263060**                              Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent  
**KENNEDY, BRUCE E**  
**1625 COQUIT CT**  
**ODESSA, FL 33556**

**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**      9. Election Campaign Financing      **\$5.00 May Be  
Trust Fund Contribution.**            **Added to Fees**      00000365193  
05/09/05-80029-010 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAER, SKIP 1650 COQUIT COURT ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARFORD, SHELIA 1925 SCHAER WAY ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNEDY, BRUCE 1625 COQUIT CT ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **BRUCE KENNEDY**      5/1/05      727-847-8145  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #