


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

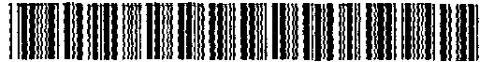
FILED
May 01, 2006 08:00 AM
Secretary of State

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**

DO NOT WRITE IN THIS SPACE



04212006 No Chg-NP CR2EQ37 (11/05)

4. FEI Number 59-3263060	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

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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, 2006

9. Election Campaign Financing Trust Fund Contributor. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHAER, SKIP 1650 COQUI 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	

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 05/12/06-80078-009 61.25

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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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 727-347-8145
 Date Daytime Phone #