

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2007 08:00 AM**  
**Secretary of State**

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



Principal Place of Business <b>P.O. BOX 801 ODESSA, FL 33556</b>	Mailing Address <b>P.O. BOX 801 ODESSA, FL 33556</b>
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**DO NOT WRITE IN THIS SPACE**



04232007 No Chg-NP CR2E037 (4/06)

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

**6. Name and Address of Current Registered Agent**  
**KENNEDY, BRUCE E  
 1625 COQUT 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)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$61.25  
 Due by May 1, 2007**

**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 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 COQUT CT ODESSA, FL 33556
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 05/14/07-80002-007 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:**  **4/24/07**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #