2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N93000004248

1. Entity Name
KEYSTONE PARK COLONY HOMEOWNERS ASSOCIATION, INC.

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

Mailing Address
P.O. BOX 801
ODESSA, FL 33556

05172008 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

KENNEDY, BRUCE E
1625 COQUT 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHAER, SKIP
STREET ADDRESS	1650 COQUI COURT
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	WARFORD, SHELIA
STREET ADDRESS	1925 SCHAER WAY
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	D
NAME	KENNEDY, BRUCE
STREET ADDRESS	1625 COQUT CT
CITY-ST-ZIP	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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06/04/08-80053-010 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: BRUCE KENNEDY 5/1/08 727-847-8145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #