

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90182 016 ****61.25

60035635



04082008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-3300989** Applied For ☐ Not Applicable ☐

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

DOCUMENT # N95000001015

1. Entity Name
KEYSTONE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**INTEGRITY ASSOCIATION MANAGEMENT, INC.
701 ENTERPRISE ROAD EAST, SUITE 704
SAFETY HARBOR, FL 34695**

Mailing Address
**INTEGRITY ASSOCIATION MANAGEMENT, INC.
701 ENTERPRISE ROAD EAST, SUITE 704
SAFETY HARBOR, FL 34695**

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**CIANFRONE, JOSEPH R
1964 BAYSHORE BLVD
DUNEDIN, FL 34698**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 May 1, 2008

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MINER, ROBERT 387 CARRIAGE HOUSE LN TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, FRANCISO 442 KNIGHT DRIVE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAVLIK, THOMAS 384 CARRIAGE HOUSE LANE TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DONNELLY, JOHN 3124 FETLOCK CT TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDFORD, JONATHAN 488 BRIDLE PATH WAY TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SEITZ, JOSEPH 392 BRIDLE PATH WAY TARPON SPRINGS, FL 34688 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-14-08** Daytime Phone #

ATTACHMENT

60035635

Annual Report - Keystone Homeowner's Assoc Inc Doc #N95000001015

Please add:

Peter Belmonte Vice President
310 Mane Court
Tarpon Springs, FL 34688