

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # N96000003326

1. Entity Name
KEEWAYDIN ISLAND COMMUNITY ASSOCIATION, INC.



Principal Place of Business
4001 TAMAMI TRAIL NORTH
SUITE 300
NAPLES, FL 34103

Mailing Address
1001 LIBERTY AVENUE
SUITE 850
PITTSBURGH, PA 15222-3716



03142008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
43-1990624

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

**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

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**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MURPHY, JAMES T
STREET ADDRESS	1001 LIBERTY AVENUE SUITE 850
CITY-ST-ZIP	PITTSBURGH, PA 15223716
TITLE	D
NAME	DONAHUE, THOMAS R
STREET ADDRESS	1001 LIBERTY AVENUE SUITE 850
CITY-ST-ZIP	PITTSBURGH, PA 15223716
TITLE	D
NAME	DOLAN, PATRICIA D
STREET ADDRESS	1001 LIBERTY AVENUE SUITE 850
CITY-ST-ZIP	PITTSBURGH, PA 15223716
TITLE	D
NAME	FOXHOVAN, REBECCA D
STREET ADDRESS	1001 LIBERTY AVENUE SUITE 850
CITY-ST-ZIP	PITTSBURGH, PA 15223716
TITLE	D
NAME	DONAHUE, GREGORY B
STREET ADDRESS	1001 LIBERTY AVENUE SUITE 850
CITY-ST-ZIP	PITTSBURGH, PA 15223716
TITLE	D
NAME	DONAHUE, ANN C
STREET ADDRESS	1001 LIBERTY AVENUE SUITE 850
CITY-ST-ZIP	PITTSBURGH, PA 15223716

U000000933294
05/22/08-80091-001 70.00

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #