2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004311

FILED Apr 10, 2007 Secretary of State

Entity Name: KEYSTONE AT MEADOW WOODS HOMEOWERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business: 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 **Current Mailing Address: New Mailing Address:** 2180 WEST SR 434 SUITE 5000 LONGWOOD, FL 327795044 FEI Number: 59-3548665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HART, JAMES W JR SENTRY MANAGEMENT INC 2180 W. SR 434, STE. 5000 LONGWOOD, FL 327795044 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete MEJIA. JUAN SANTOS, ANTONIO C Name: Name: 1243 MADEIRA KEY Address: 14234 BOCA KEY DR Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824 Title: Title: STD (X) Change () Addition () Delete GONZALEZ, ANIBAL Name: POU, SUSANA Name: Address: 13933 CORRINE KEY PL Address: 1223 MADEIRA KEY WAY City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824 Title: STD () Delete Title: PD (X) Change () Addition MENDOZA, PEDRO MENDOZA, PEDRO Name: Name: Address: 1233 MADEIRA KEY WAY Address: 1233 MADEIRA KEY WAY City-St-Zip: ORLANDO, FL 32824 City-St-Zip: ORLANDO, FL 32824 Title: () Delete Title: () Change (X) Addition Name: Name: FISHER, YVETTE Address: Address: 13947 CORRINE KEY PL City-St-Zip: City-St-Zip: ORLANDO, FL 32824 Title: () Delete Title: () Change (X) Addition GENARO, VICTOR Name: Name: 12792 GETTYSBURG CIR Address: Address: City-St-Zip: City-St-Zip: ORLANDO, FL 32837 Title: () Delete Title: () Change (X) Addition MULLINGS, LENA Name: Name: Address: Address: 13943 CORRINE KEY PL ORLANDO, FL 32824 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEDRO MENDOZA PD 04/10/2007