

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004311

FILED
Apr 10, 2008
Secretary of State

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

Current Principal Place of Business:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-3548665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W. SR 434, STE. 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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:

Title: VPD () Delete
Name: SANTOS, ANTONIO C
Address: 14234 BOCA KEY DR
City-St-Zip: ORLANDO, FL 32824

Title: STD () Delete
Name: POU, SUSANA
Address: 1223 MADEIRA KEY WAY
City-St-Zip: ORLANDO, FL 32824

Title: PD () Delete
Name: MENDOZA, PEDRO
Address: 1233 MADEIRA KEY WAY
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: FISHER, YVETTE
Address: 13947 CORRINE KEY PL
City-St-Zip: ORLANDO, FL 32824

Title: D () Delete
Name: GENARO, VICTOR
Address: 12792 GETTYSBURG CIR
City-St-Zip: ORLANDO, FL 32837

Title: D () Delete
Name: MULLINGS, LENA
Address: 13943 CORRINE KEY PL
City-St-Zip: ORLANDO, FL 32824

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GENARO, VICTOR
Address: 14142 BOCA KEY DR
City-St-Zip: ORLANDO, FL 32824

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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

04/10/2008

Electronic Signature of Signing Officer or Director

Date