2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 22, 2006 8:00 am **Secretary of State** DOCUMENT # P04000071750 1. Entity Name 03-22-2006 90027 028 ***150.00 CLARKMERE AT LAKE KEYSTONE HOMEOWNERS' ASSOCIATION, INC. Principal Place of Business Mailing Address -605 75TH AVE 605-75TH AVE ST PETE BEACH FL 33700 ST PETE BEACH FL 33706 2. Principal Place of Business 3. Mailing Address 8502 Lays Cove Place 8502 Lays Cove Place Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 20-2162814 Odessa Odessa Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAY, STEVE LBP LAY, INC Street Address (P.O. Box Number is Not Acceptable) -6505 GRAZING LANE -ODESSA FL 33556 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. FILE NOW!!! FEE IS \$150.00-9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete LAY; Steven LAY, STEVEN 8502 LAYS Cove Place 6505 GRAZING LN STREET ADDRESS STREET ADDRESS CITY-ST-7IP odessa, FL 33556 CITY-ST-7IP ODESSA FL 33558 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THLE - Delete IITLE-NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11

SIGNATURE:

EUE Lay, Director 3/10/06

R DIRECTOR Date

FILED