

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000009935

**FILED**  
**Apr 23, 2014**  
**Secretary of State**  
**CC6519209686**

**Entity Name:** KEYSTONE POINTE AT ST. CLOUD HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809-3200

**Current Mailing Address:**

6972 LAKE GLORIA BLVD.  
ORLANDO, FL 32809-3200

**FEI Number: 56-2470806**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LELAND MANAGEMENT  
6972 LAKE GLORIA BLVD  
ORLANDO, FL 32809 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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            CIRAULO, BRIAN  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            TREASURER  
Name            WECK, MICHAEL  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            VP  
Name            KNOBEL, SCOTT  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            SECRETARY  
Name            DIAZ, LUIS  
Address        6972 LAKE GLORIA BLVD  
City-State-Zip: ORLANDO FL 32809

Title            DIRECTOR  
Name            BOOKER, TOBIE  
Address        6972 LAKE GLORIA BLVD.  
City-State-Zip: ORLANDO FL 32809-3200

*I hereby 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 all other like empowered.*

**SIGNATURE: BRIAN CIRAULO**

**PRESIDENT**

**04/23/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date