

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001779

Entity Name: KEY LAKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1815 KEY LAKE DRIVE
SEBRING, FL 33875**Current Mailing Address:**1815 KEY LAKE DRIVE
SEBRING, FL 33875 US**FEI Number:** 26-3977808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KINCADE, STEVE D
1815 KEY LAKE DRIVE
SEBRING, FL 33875 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:** STEVE KINCADE

03/13/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name KINCADE, STEVE
Address 1815 KEY LAKE DRIVE
City-State-Zip: SEBRING FL 33875

Title SECRETARY
Name SCOTT, ANN
Address 1801KEY LAKE DRIVE
City-State-Zip: SEBRING FL 33875

Title DIRECTOR
Name FOWLER, BARBARA
Address 1809 KEY LAKE DRIVE
City-State-Zip: SEBRING FL 33875

Title DIRECTOR
Name FLOYD, THELMA W
Address 1807 KEY LAKE DRIVE
City-State-Zip: SEBRING FL 33875

Title TREASURER
Name KINCADE, PAULINE
Address 1815 KEY LAKE DRIVE
City-State-Zip: SEBRING FL 33875

Title DIRECTOR
Name WARD, JOHN
Address 1803 KEY LAKE DR.
City-State-Zip: SEBRING FL 33875

Title DIRECTOR
Name SCOTT, JOHN P
Address 1817 KEY LAKE DRIVE
City-State-Zip: SEBRING FL 33875

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: STEVE KINCADE

MR

03/13/2021

Electronic Signature of Signing Officer/Director Detail

Date