

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001779

Entity Name: KEY LAKE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1809 KEY LAKE DRIVE
SEBRING, FL 33875**Current Mailing Address:**1809 KEY LAKE DRIVE
SEBRING, FL 33875 US**FEI Number:** 26-3977808**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GOODNICK, BRUCE
1809 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

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

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

Title	DIRECTOR, PRESIDENT
Name	GOODNICK, BRUCE
Address	1809 KEY LAKE DRIVE
City-State-Zip:	SEBRING FL 33875

Title	DIRECTOR
Name	GOODNICK, KATHLEEN R
Address	1807 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

Title	TREASURER
Name	WARD, ANN
Address	1803 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: ANN WARD**TREASURER****02/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date