
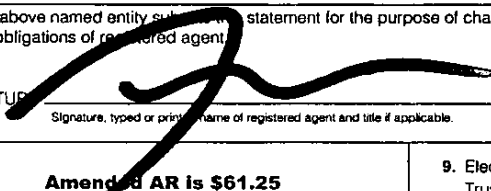
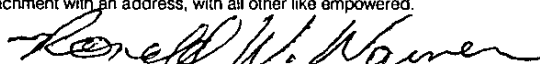


2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

06 MAY 22 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 713894			
1. Entity Name GOLD KEY CLUB, INC.			
Principal Place of Business 10034 W. MCNAB RD. TAMARAC, FL 33321		Mailing Address 10034 W. MCNAB RD. TAMARAC, FL 33321	
2. Principal Place of Business 1145 Sawgrass Corp Pkwy Suite, Apt. #, etc.		3. Mailing Address 1145 Sawgrass Corp Pkwy Suite, Apt. #, etc.	
City & State Sunrise FL		City & State Sunrise FL	
Zip 33323		Zip 33323	
Country		Country	
4. FEI Number 59-1514608		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILES, JAMES R CONSOLIDATED COMMUNITY MGMT. 10034 W. MCNAB RD. TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name Leigh Kateman, Esq. Street Address (P.O. Box Number is Not Acceptable) 9972 Monte Korr 1501 NW 49th St Suite 202 City Ft. Lauderdale FL Zip Code 33309	
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.			
SIGNATURE 		Ferren L. Korr, Esq. 5/10/06 DATE	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WARNER, RONALD 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STET FALCONE, ELYSABETH 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SORENSEN, EVA 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNKELBERG, ROSELYN 10034 W. MCNAB RD. TAMARAC, FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S 1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUFF, DONAVAN 10034 W. MCNAB RD. TAMARAC, FL 33321 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Chris Plumber 1145 Sawgrass Corp Pkwy Sunrise FL 33323 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		800076070648 06/12/06--01020--010 **61.25	
SIGNATURE: 		4/20/06 954-568 6669 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			