

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N29362 (3)**
1. Corporation Name
KEYS GATE CONDOMINIUM NO. ONE ASSOCIATION, INC.



Principal Place of Business: **1820 SOUTH CANAL DR HOMESTEAD FL 33035**
Mailing Address: **1820 SOUTH CANAL DR HOMESTEAD FL 33035**

3. Date Incorporated or Qualified: **11/18/1988**
3a. Date of Last Report: **03/17/1995**
4. FEI Number: **65-0104254**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **2400 Palm Drive**
2a. Mailing Address: **2400 Palm Drive**
21. Suite, Apt. #, etc.:
22. Suite, Apt. #, etc.:
23. City & State: **Homestead, FL**
24. Zip: **33035** 25. Country: **Dade**
26. City & State: **Homestead, FL**
27. Suite, Apt. #, etc.:
28. City & State: **Homestead, FL**
29. Zip: **33035** 30. Country: **Dade**

9. Name and Address of Current Registered Agent: **FONTE, TINA 1820 SOUTH CANAL DR HOMESTEAD FL 33035**
10. Name and Address of New Registered Agent:
81. Name: **Fonte, Tina**
82. Street Address (P.O. Box Number is Not Acceptable): **2400 Palm Drive**
83. City: **Homestead** 84. State: **FL** 85. Zip Code: **33035**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGHORNE, MARIE	1.2 NAME	Langhorne, Marie
STREET ADDRESS	1820 S. CANAL DRIVE	1.3 STREET ADDRESS	2400 Palm Drive
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33035
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYS, ELLEN	2.2 NAME	Mays, Ellen
STREET ADDRESS	1820 S. CANAL DR.	2.3 STREET ADDRESS	2400 Palm Drive
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Homestead, FL 33035
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN, DONNA	3.2 NAME	Dean, Donna
STREET ADDRESS	1820 S. CANAL DR.	3.3 STREET ADDRESS	2400 Palm Drive
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead, FL 33035
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACE, GLORIA	4.2 NAME	Mace, Gloria
STREET ADDRESS	1820 S. CANAL DR.	4.3 STREET ADDRESS	2400 Palm Drive
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	Homestead, FL 33035
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NACY VISCO	5.2 NAME	Nancy Visco
STREET ADDRESS	1820 S. CANAL DR.	5.3 STREET ADDRESS	2400 Palm Drive
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	Homestead, FL 33035
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marie Langhorne 4-25-96 305-280-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)