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**Feb 13 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29362 (3)

1. Corporation Name
KEYS GATE CONDOMINIUM NO. ONE ASSOCIATION, INC.



Principal Place of Business 2400 PALM DRIVE HOMESTEAD FL 33035 US	Mailing Address 2400 PALM DRIVE HOMESTEAD FL 33035-1344 US
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3. Date Incorporated or Qualified 11/18/1988	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1820 S. Canal Dr. Suite, Apt. #, etc.	2a. Mailing Address 26 1820 S. Canal Drive Suite, Apt. #, etc.
22	27
23 City & State Homestead, FL	28 City & State Homestead FL.
24 Zip 33035	25 Country US
29 Zip US	30 Country US

4. FEI Number 65-0104254	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		
TITLE PD	NAME LANGHORNE, MARIE	<input type="checkbox"/> DELETE
STREET ADDRESS 2400 PALM DRIVE	CITY - ST - ZIP HOMESTEAD FL	
TITLE VD	NAME MAYS, ELLEN	<input type="checkbox"/> DELETE
STREET ADDRESS 2400 PALM DRIVE	CITY - ST - ZIP HOMESTEAD FL	
TITLE S	NAME DEAN, DONNA	<input type="checkbox"/> DELETE
STREET ADDRESS 2400 PALM DRIVE	CITY - ST - ZIP HOMESTEAD FL	
TITLE TD	NAME MACE, GLORIA	<input type="checkbox"/> DELETE
STREET ADDRESS 2400 PALM DRIVE	CITY - ST - ZIP HOMESTEAD FL	
TITLE D	NAME NACY VISCO	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 2400 PALM DRIVE	CITY - ST - ZIP HOMESTEAD FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE PD	NAME Langhorne, Marie	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 STREET ADDRESS 1820 S. Canal Drive	1.4 CITY - ST - ZIP Homestead, FL 33035	
2.1 TITLE VD	NAME mays, Ellen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 STREET ADDRESS 1820 S. Canal Drive	2.4 CITY - ST - ZIP Homestead, FL. 33035	
3.1 TITLE S	NAME Dean, Donna	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 STREET ADDRESS 1820 S. Canal Drive	3.4 CITY - ST - ZIP Homestead, FL. 33035	
4.1 TITLE TD	NAME mace, Gloria	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 STREET ADDRESS 1820 S. Canal Drive	4.4 CITY - ST - ZIP Homestead, FL. 33035	
5.1 TITLE D	NAME Bowman, Kathy	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 STREET ADDRESS 1820 S. Canal Drive	5.4 CITY - ST - ZIP Homestead, FL 33035	
6.1 TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 STREET ADDRESS	CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **1-16-97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # 0024269

CR2E037 (9/96)