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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90004 031 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N29362

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

Principal Place of Business 1820 S CANAL DR HOMESTEAD FL 33035 US	Mailing Address 1820 S CANAL DR HOMESTEAD FL 33035 US
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2. Principal Place of Business 21 888 KINGMAN RD. Suite, Apt. #, etc.	2a. Mailing Address 26 888 KINGMAN RD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 11/18/1988
22	27	4. FEI Number 65-0104254 Applied For <input type="checkbox"/> Not Applicable
23 City & State HOMESTEAD, FL	28 City & State HOMESTEAD, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33035	25 Country USA	29 Zip 33035
30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

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) 888 KINGMAN ROAD 83 84 City HOMESTEAD FL 85 Zip Code 33035
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	LANGHORNE, MARIE 1820 S CANAL DR HOMESTEAD FL	1.1 TITLE PD	BOWMAN, KATHLEEN <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 888 KINGMAN RD. HOMESTEAD, FL 33035
TITLE VD	MAYS, ELLEN 1820 S. CANAL DR HOMESTEAD FL	2.1 TITLE VD	LEVINE, ULLIAN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 888 KINGMAN ROAD HOMESTEAD, FL 33035
TITLE S	DEAN, DONNA 1820 S CANAL DR HOMESTEAD FL	3.1 TITLE SD	MURRAY, BILL <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 888 KINGMAN ROAD HOMESTEAD, FL 33035
TITLE TD	MACE, GLORIA 1820 S CANAL DR HOMESTEAD FL	4.1 TITLE TD	MACE, GLORIA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 888 KINGMAN ROAD HOMESTEAD, FL 33035
TITLE D	BOWMAN, KATHY 1820 S CANAL DR HOMESTEAD FL	5.1 TITLE D	DEAN, DONNA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 888 KINGMAN ROAD HOMESTEAD, FL 33035
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Katherine Harris **SIGNATURE REQUIRED** 1-14-99 305-230-0317
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)