

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90033 039 \*\*\*\*61.25

**DOCUMENT # N29362**

1. Entity Name

**KEYS GATE CONDOMINIUM NO. ONE ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

888 KINGMAN RD  
 HOMESTEAD FL 33035  
 US

888 KINGMAN RD  
 HOMESTEAD FL 33035-1200  
 US

2. Principal Place of Business

3. Mailing Address

1820 S. Canal Dr.  
 Suite, Apt. #, etc.

1820 S. Canal Dr.  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Hmstd, FL

City & State  
 Hmstd, FL

4. FEI Number  
**65-0104254**

Applied For  
 Not Applicable

Zip  
**33035**

Country  
 US

Zip  
**33030**

Country  
 US

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FONTE, TINA**  
 888 KINGMAN RD  
 HOMESTEAD FL 33035

Name **Carlos Triay**  
 Street Address (P.O. Box Number is Not Acceptable)  
**999 Ponce De Leon Blvd #1110**  
 City **Coral Gables** FL Zip Code **33134**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/22/00**

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>BOWMAN, KATHLEEN</b> 888 KINGMAN ROAD HOMESTEAD FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>LEVIN, LILLIAN</b> 888 KINGMAN ROAD HOMESTEAD FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MURRAY, BILL</b> 888 KINGMAN ROAD HOMESTEAD FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <b>MACE, GLORIA</b> 888 KINGMAN ROAD HOMESTEAD FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DEAN, DONNA</b> 888 KINGMAN ROAD HOMESTEAD FL 33035	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>Kathleen Bowman</b> 1820 S. Canal Drive Hmstd, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <b>Lillian, Levine</b> 1820 S. Canal Dr. Homestead, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <b>Edna Gardner</b> 1820 S. Canal Dr. Homestead, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer <b>Freddy Ramsey</b> 1820 S. Canal Dr. Homestead, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: **SIGNATURE REQUIRED** **Kathleen Bowman** 1/31/00 230-0319  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)