

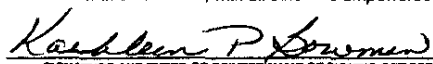


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90016 009 ****61.25

DOCUMENT # N29362					
1. Entity Name KEYS GATE CONDOMINIUM NO. ONE ASSOCIATION, INC.					
Principal Place of Business 888 A KINGMAN RD HOMESTEAD, FL 33035 US			Mailing Address 888 A KINGMAN RD HOMESTEAD, FL 33035 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	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. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TNAY, CARLOS 10570 NW 27TH STREET SUITE 103 MIAMI, FL 33172			Name CARLOS A. TNAY, ESQ. Street Address (P.O. Box Number is Not Acceptable) 10570 NW 27th Street Suite 103 City MIAMI FL Zip Code 33172		
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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3/18/04 <small>(NOTE: Registered Agent signature required when reappointing)</small>		
Filing Fee is \$61.25 Due by May 1, 2004		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	T	<input type="checkbox"/> Delete	TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWMAN, KATHLEEN		NAME	Bill Foster	
STREET ADDRESS	1820 S. CANAL DRIVE		STREET ADDRESS	888-A Kingman Rd.	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead, FL 33035	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, LILLIAN		NAME	Lillian Levine	
STREET ADDRESS	1820 S. CANAL DRIVE		STREET ADDRESS	888-A Kingman Rd.	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead, FL 33035	
TITLE	T	<input type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, EDNA		NAME	Sandra Blake	
STREET ADDRESS	1820 S. CANAL DRIVE		STREET ADDRESS	888-A Kingman Rd.	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead, FL 33035	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT, MONTESGUDO		NAME	Kathy Bowman	
STREET ADDRESS	1820 S. CANAL DR		STREET ADDRESS	888-A Kingman Rd.	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead, FL 33035	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, BILL		NAME	Edna Gardner	
STREET ADDRESS	888 A KINGMAN RD		STREET ADDRESS	888-A Kingman Rd.	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	Homestead, FL 33035	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  KATHLEEN P BOWMAN			Date 2/26/04		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Daytime Phone # 305 230-0319		