2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State
02-27-2006 90095 015 ****61.25

DOCUMENT # N29362

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

Principal Place of Business	Mailing Address
888 A KINGMAN RD HOMESTEAD, FL 33035 US	888 A KINGMAN RD HOMESTEAD, FL 33035 US

01092006 Chg-NP CR2E037 (11/05)

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 ☐ Not Applicable

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
SKRLD, INC 201 ALHAMBRA CIRCLE SUITE 201 MIAMI, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOSTER, BILL 888-A KINGMAN RD HOMESTEAD, FL 33035	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Foster, Sue 888-A Kingman Rd Homestead, FL 33035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LEVINE, LILLIAN 888-A KINGMAN RD HOMESTEAD, FL 33035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Boulware, Elaine 888-A Kingman Rd Homestead, FL 33035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARDNER, EDNA 888- KINGMAN RD HOMESTEAD, FL 33035	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Wheeler, Barbara 888-A Kingman Rd Homestead, FL 33035	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T [redacted] [redacted]D. [redacted]	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Williams, Jerome 888-A Kingman Rd. Homestead, FL 33035	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLAKE, SANDRA 888 A KINGMAN RD HOMESTEAD, FL 33035	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Blake, Sandra 888-A Kingman Rd Homestead, FL 33035	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: x Sandra Blake Sandra Blake 1/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #