


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90029 028 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0104254	
Zip	Country	Zip	Country	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		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resetting)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	S	<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOSTER, SUE		NAME	ELAINE BULLWARE	
STREET ADDRESS	888-A KINGMAN RD		STREET ADDRESS	888A KINGMAN RD	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEVINE, LILLIAN		NAME	BARBARA WHEELER	
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	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARDNER, EDNA		NAME	DOROTHY HENDERSON	
STREET ADDRESS	888- KINGMAN RD		STREET ADDRESS	888-A KINGMAN RD	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	HOMESTEAD, FL 33035	
TITLE	W D	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, JEROME		NAME		
STREET ADDRESS	888-A KINGMAN RD.		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		
TITLE	W P	<input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLAKE, SANDRA		NAME		
STREET ADDRESS	888-A KINGMAN RD		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		
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 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: <u>X Sandra Blake (SANDRA BLAKE)</u>				Date: <u>1-12-2007</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>	