


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90046 040 ****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	
Zip	Country	Zip	Country
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	S FOSTER, SUE 888-A KINGMAN RD HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVINE, LILLIAN 888-A KINGMAN RD HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lillian Levine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 888-A Kingman Rd Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEELER, BARBARA 888-A KINGMAN RD HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAM, JEROME 888-A KINGMAN RD. HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Jerome Williams <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 888-A Kingman Rd Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLAKE, SANDRA 888-A KINGMAN RD HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENDERSON, DOROTHY 888-A KINGMAN RD HOMESTEAD, FL 33035 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Elaine Boulware <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 888-A Kingman Rd Homestead, FL 33035
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: <i>X Sandra Blake, Pres. Condo 1</i>		Date: <i>1-15-08</i>	
SANDRA BLAKE			