

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90111 016 \*\*\*\*61.25

0077075

**DOCUMENT # N29362**  
1. Entity Name  
**KEYS GATE CONDOMINIUM NO. ONE ASSOCIATION, INC.**



Principal Place of Business  
**1820 S. CANAL DR.  
HOMESTEAD FL 33035  
US**

Mailing Address  
**1820 S. CANAL DR.  
HOMESTEAD FL 33035  
US**

40060400



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**888-A Kingman Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**888-A Kingman Rd**  
Suite, Apt. #, etc.

City & State  
**Homestead, FL**

City & State  
**Homestead, FL**

4. FEI Number **65-0104254**

Applied For  
 Not Applicable

Zip  
**33035**

Country  
**Dade**

Zip  
**33035**

Country  
**Dade**

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

6. Name and Address of Current Registered Agent  
**TNAY, CARLOS  
10570 NW 27TH STREET  
SUITE 103  
MIAMI FL 33172**

7. Name and Address of New Registered Agent  
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

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

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                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>BOWMAN, KATHLEEN<br/>1820 S. CANAL DRIVE<br/>HOMESTEAD FL 33035</b> <input type="checkbox"/> Delete        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VD<br/>LEVIN, LILLIAN<br/>1820 S. CANAL DRIVE<br/>HOMESTEAD FL 33035</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>GARDNER, EDNA<br/>1820 S. CANAL DRIVE<br/>HOMESTEAD FL 33035</b> <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>T<br/>ROBERT, MONTESGUDO<br/>1820 S. CANAL DR<br/>HOMESTEAD FL 33035</b> <input type="checkbox"/> Delete          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>MARJONE, DAUGHTY<br/>1820 S. CANAL DR<br/>HOMESTEAD FL 33035</b> <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <b>Director<br/>Bill Foster<br/>888-A Kingman Rd.<br/>Hmstd, FL 33035</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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: *Kathleen P. Bowman*

2-26-03 305-230-0319

CR2E037 (10/02)