

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N32963 (3)
1. Corporation Name
KEYS GATE CONDOMINIUM NO. FOUR ASSOCIATION, INC.

95 APR -5 PM 3:06

Principal Place of Business Mailing Address
**C/O JOHN MURPHY
1820 S. CANAL DR.
HOMESTEAD FL 33005**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/26/1989	3a. Date of Last Report 04/29/1994
4. FEI Number 65-0172374	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Due See State	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	28. City & State
24. Zip	29. Zip
Country	Country

9. Name and Address of Current Registered Agent

**FORTE, TINA
1820 S. CANAL DR.
HOMESTEAD FL 33005**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when constituting)

GATE

12. OFFICERS AND DIRECTORS

TITLE	PO
NAME	MURPHY, JOHN
STREET ADDRESS	1820 S. CANAL DRIVE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	VO
NAME	PETTA, PHIL
STREET ADDRESS	1820 S. CANAL DRIVE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	STD
NAME	KING, ROSE
STREET ADDRESS	1820 S. CANAL DRIVE
CITY - ST - ZIP	HOMESTEAD FL
TITLE	T
NAME	CRAY, BETTY
STREET ADDRESS	1820 S. CANAL DR.
CITY - ST - ZIP	HOMESTEAD FL
TITLE	D
NAME	WEINBURG, ROSLYN
STREET ADDRESS	1820 S. CANAL DR.
CITY - ST - ZIP	HOMESTEAD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: **JOHN MURPHY** *John Murphy* **3/8/95** **305-230-0203**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone #