

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
C/O JOHN MURPHY 1820 S. CANAL DR. HOMESTEAD FL 33035
C/O JOHN MURPHY 1820 S. CANAL DR. HOMESTEAD FL 33035

3. Date Incorporated or Qualified **06/26/1989** 3a. Date of Last Report **04/05/1995**
4. FEI Number **65-0172374** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 21 **2400 Palm Drive** 2a. Mailing Address 26 **2400 Palm Drive**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 23 **Homestead, FL** 27 City & State 28 **Homestead, FL**
Zip 24 **33035** Country 25 **Dade** Zip 29 **33035** Country 30 **Dade**

9. Name and Address of Current Registered Agent
FORTE, TINA
1820 S. CANAL DR.
HOMESTEAD FL 33035
10. Name and Address of New Registered Agent
81 Name **FORTE, Tina**
82 Street Address (P.O. Box Number is Not Acceptable) **2400 Palm Drive**
83
84 City **Homestead,** FL 85 Zip Code **33035**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURPHY, JOHN 1820 S. CANAL DRIVE HOMESTEAD FL <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Murphy, John 2400 Palm Drive Homestead, FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETTA, PHIL 1820 S. CANAL DRIVE HOMESTEAD FL <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Winters, Jean 2400 Palm Drive Homestead, FL 33035 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, ROSE 1820 S. CANAL DRIVE HOMESTEAD FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	STD King, Rose 2400 Palm Drive Homestead, FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAY, BETTY 1820 S. CANAL DR. HOMESTEAD FL <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T Cray, Betty 2400 Palm Drive Homestead, FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEINBURG, ROSLYN 1820 S. CANAL DR. HOMESTEAD FL <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D Weinburg, Roslyn 2400 Palm Drive Homestead, FL 33035 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 address.

SIGNATURE: *John Murphy* President 4-22-96 305-230-0807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)