

FILE NOW: FILING FEE IS \$61.25

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Feb 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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
2400 PALM DRIVE 2400 PALM DRIVE
1820 S. CANAL DR. 1820 S. CANAL DR.
HOMESTEAD FL 33035 HOMESTEAD FL 33035-1078
US US

3. Date Incorporated or Qualified 06/26/1989
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address
21 1820 South Canal Drive 26 1820 S. Canal Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22
23 City & State Homestead, FL 27 City & State Homestead, FL
24 Zip 33035 25 Country US 29 Zip 33035 30 Country US

4. FEI Number 65-0172374 Applied For Not Applicable
6. 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

9. Name and Address of Current Registered Agent
FONTE, TINA
2400 PALM DRIVE
HOMESTEAD FL 33035

10. Name and Address of New Registered Agent
81 Name Tina Fonte
82 Street Address (P.O. Box Number is Not Acceptable)
83 1820 S. Canal Drive
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MURPHY, JOHN	1.2 NAME	Murphy, John
STREET ADDRESS	2400 PALM DRIVE	1.3 STREET ADDRESS	1820 S. Canal Drive
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	Homestead, FL 33035
TITLE	VD	2.1 TITLE	VD
NAME	WINTERS, JEAN	2.2 NAME	winters, Jean
STREET ADDRESS	2400 PALM DRIVE	2.3 STREET ADDRESS	1820 S. Canal Drive
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Homestead, FL. 33035
TITLE	STD	3.1 TITLE	STD
NAME	KING, ROSE	3.2 NAME	King, Rose
STREET ADDRESS	2400 PALM DRIVE	3.3 STREET ADDRESS	1820 S. Canal Drive
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	Homestead, FL. 33035
TITLE	T	4.1 TITLE	T
NAME	CRAY, BETTY	4.2 NAME	Cray, Betty
STREET ADDRESS	2400 PALM DRIVE	4.3 STREET ADDRESS	1820 S. Canal Drive
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	Hmstead, FL. 33035
TITLE	D	5.1 TITLE	D
NAME	WEINBURG, ROSLYN	5.2 NAME	Weinburg, Roslyn
STREET ADDRESS	2400 PALM DRIVE	5.3 STREET ADDRESS	1820 S. Canal Drive
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP	Homestead, FL. 33035
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Murphy, John	
1.3 STREET ADDRESS	1820 S. Canal Drive	
1.4 CITY-ST-ZIP	Homestead, FL 33035	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	winters, Jean	
2.3 STREET ADDRESS	1820 S. Canal Drive	
2.4 CITY-ST-ZIP	Homestead, FL. 33035	
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	King, Rose	
3.3 STREET ADDRESS	1820 S. Canal Drive	
3.4 CITY-ST-ZIP	Homestead, FL. 33035	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Cray, Betty	
4.3 STREET ADDRESS	1820 S. Canal Drive	
4.4 CITY-ST-ZIP	Hmstead, FL. 33035	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Weinburg, Roslyn	
5.3 STREET ADDRESS	1820 S. Canal Drive	
5.4 CITY-ST-ZIP	Homestead, FL. 33035	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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* JOHN MURPHY Pres 1/15/97 230 0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0024263

CR2E037 (9/96)