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Mar 11, 1999 8:00 am
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03-11-1999 90004 030 ****61.25

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N32963

1. Corporation Name
KEYS GATE CONDOMINIUM NO. FOUR ASSOCIATION, INC.

Principal Place of Business 1820 S CANAL DR 1820 S. CANAL DR. HOMESTEAD FL 33035 US	Mailing Address 1820 S CANAL DR 1820 S. CANAL DR. HOMESTEAD FL 33035 US
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2. Principal Place of Business 21 888 Kingman Rd Suite, Apt. #, etc.	2a. Mailing Address 26 888 Kingman Rd. Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/26/1989
22 —	27 —	4. FEI Number 65-0172374 Applied For Not Applicable
23 City & State Homestead, FL	28 City & State Homestead, Fl.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip 33035 25 Country USA	29 Zip 33035 30 Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FONTE, TINA 1820 S CANAL DR 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) 888 Kingman Road. 83 84 City Homestead FL 85 Zip Code 33035
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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 *Tina Fonte* DATE **2/18/99**

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 MURPHY, JOHN 1820 S CANAL DR HOMESTEAD FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD WINTERS, JEAN 1820 S CANAL DR HOMESTEAD FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D ROSENBLOOM, ROBERT C 1820 SOUTH CANAL DR HOMESTEAD FL 33035	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T CRAY, BETTY 1820 S CANAL DR HOMESTEAD FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WEINBURG, ROSLYN 1820 S CANAL DR HOMESTEAD FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *Johanna Murphy* DATE **1/11/99** DAYTIME PHONE # **305 2301165**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)