

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N32963

1. Entity Name

KEYS GATE CONDOMINIUM NO. FOUR ASSOCIATION, INC.

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90033 020 \*\*\*\*61.25

Principal Place of Business

Mailing Address

888 KINGMAN RD  
 HOMESTEAD FL 33035  
 US

888 KINGMAN RD  
 HOMESTEAD FL 33035-1200  
 US

2. Principal Place of Business

1820 S. Canal Dr.

3. Mailing Address

1820 S. Canal Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
 Homestead, FL

City & State  
 Homestead, FL

4. FEI Number

65-0172374

Applied For

Not Applicable

Zip

Country

33035 US

Zip

Country

33035 US

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONTE, TINA  
 888 KINGMAN ROAD  
 HOMESTEAD FL 33035

Name Carlos Triay  
 Street Address (P.O. Box Number is Not Acceptable)

999 Parce De Leon Blvd #110

City Coral Gables FL Zip Code 33134

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.

SIGNATURE

3/22/00

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 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN	
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WINTERS, JEAN	
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROSENBLUM, ROBERT C	
STREET ADDRESS	1820 SOUTH CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRAY, BETTY	
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEINBURG, ROSLYN	
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Robert Rosenbloom	
STREET ADDRESS	1820 S Canal Dr.	
CITY-ST-ZIP	Homestead, FL 33035	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Winters	
STREET ADDRESS	1820 S Canal Dr.	
CITY-ST-ZIP	Homestead, FL 33035	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Pres John Murphy 3/10/00 230-0203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)