


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90047 044 ****61.25

DOCUMENT # N32963					
1. Entity Name KEYS GATE CONDOMINIUM NO. FOUR ASSOCIATION, INC.					
Principal Place of Business 888-A KINGMAN RD HOMESTEAD, FL 33035 US			Mailing Address 888-A KINGMAN RD HOMESTEAD, FL 33035 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRIAI, CARLOS 10570 NW 27TH ST SUITE 106 MIAMI, FL 33172				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PDT	<input type="checkbox"/> Delete		TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JOHN			NAME	John Murphy
STREET ADDRESS	1820 S CANAL DR			STREET ADDRESS	888-A Kingman Rd.
CITY-ST-ZIP	HOMESTEAD, FL			CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	ST	<input type="checkbox"/> Delete		TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, JEAN			NAME	Zita Thompson
STREET ADDRESS	1820 S CANAL DR			STREET ADDRESS	888-A Kingman Rd.
CITY-ST-ZIP	HOMESTEAD, FL 33035			CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	TT	<input type="checkbox"/> Delete		TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAY, BETTY			NAME	Jean Winters
STREET ADDRESS	1820 S CANAL DR -			STREET ADDRESS	888-A Kingman Rd.
CITY-ST-ZIP	HOMESTEAD, FL			CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, ZITA			NAME	Betty Cray
STREET ADDRESS	1820 S CANAL DR			STREET ADDRESS	888-A Kingman Rd.
CITY-ST-ZIP	HOMESTEAD, FL 33035			CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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)(i), 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: <u>J. John P. Murphy</u>				Date: <u>1/12/04</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>230-06110</u>	