

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 045 ****61.25

DOCUMENT # N32963
 1. Entity Name
KEYS GATE CONDOMINIUM NO. FOUR ASSOCIATION, INC.



Principal Place of Business Mailing Address
888-A KINGMAN RD **888-A KINGMAN RD**
HOMESTEAD, FL 33035 US **HOMESTEAD, FL 33035 US**

DO NOT WRITE IN THIS SPACE



01092006 · No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
65-0172374 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORA, GABLES, FL 33134

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MURPHY, JOHN 888-A KINGDOM RD. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP THOMPSON, ZITA 888-A KINGDOM RD. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WINTERS, JEAN 888-A KINGDOM RD. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CRAY, BETTY 888-A KINGDOM RD. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: *X John Murphy* *John Murphy* / 1/11/06 305-230-0203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #