

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Mar 24, 2003 8:00 am
Secretary of State

3/4

03-05-2003 90046 046 ****61.25

DOCUMENT # N32963

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



Principal Place of Business Mailing Address

1820 S CANAL DRIVE 1820 S CANAL DRIVE
HOMESTEAD FL 33035 HOMESTEAD FL 33035
US US

2. Principal Place of Business 3. Mailing Address

888-A Kingman Rd **888-A Kingman Rd**


Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Homestead, FL **Homestead, FL**

Zip Country Zip Country

33035 **Dade** **33035** **Dade**



CHECK HERE IF MAKING CHANGES

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

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

6. Name and Address of Current Registered Agent

TRIAI, CARLOS
10570 NW 27TH ST SUITE-106
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MURPHY, JOHN	T
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WINTERS, JEAN	T
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE	T	<input type="checkbox"/> Delete
NAME	CRAY, BETTY	T
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WEINBURG, ROSLYN	B
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMPSON, ZITA	D
STREET ADDRESS	1820 S CANAL DR	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input 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		
TITLE		<input 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)(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: JOHN MURPHY PRES **3/19/03** **3052300203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)