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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N36319 (4)

1. Corporation Name

KEYS GATE CONDOMINIUM NO. FIVE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

2400 PALM DRIVE  
HOMESTEAD FL 33035  
US

2400 PALM DRIVE  
HOMESTEAD FL 33035-1344  
US

3. Date Incorporated or Qualified  
01/26/1990

3a. Date of Last Report  
05/01/1996

21 1820 S. Canal Drive

26 1820 S. Canal Drive

4. FEI Number  
65-0172376

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State  
23 Homestead, FL

27 City & State  
28 Homestead, FL

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

24 33035 25 US

29 33035 30 US

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FONTE, TINA  
2400 PALM DRIVE  
SUITE 307  
HOMESTEAD FL 33035

81 Name  
Tina Fonte

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

83 1820 S. Canal Drive

84 City Homestead FL 85 Zip Code 33035

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

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME KENT, WAYNE  
STREET ADDRESS 2400 PALM DRIVE  
CITY-ST-ZIP HOMESTEAD FL

1.1 TITLE P  Change  Addition  
1.2 NAME Dominy, Norma  
1.3 STREET ADDRESS 1820 S. Canal Drive  
1.4 CITY-ST-ZIP Homestead, FL, 33035

TITLE VD  DELETE  
NAME DOMINY, NORMA  
STREET ADDRESS 2400 PALM DRIVE  
CITY-ST-ZIP HOMESTEAD FL

2.1 TITLE VD  Change  Addition  
2.2 NAME JACK EMLEY  
2.3 STREET ADDRESS 1820 S. Canal Drive  
2.4 CITY-ST-ZIP Homestead, FL, 33035

TITLE D  DELETE  
NAME STAAB, CHARLOTTE  
STREET ADDRESS 2400 PALM DRIVE  
CITY-ST-ZIP HOMESTEAD FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ST  DELETE  
NAME JOHN ROSSON  
STREET ADDRESS 2400 PALM DRIVE  
CITY-ST-ZIP HOMESTEAD FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME JACK EMLEY  
STREET ADDRESS 2400 PALM DRIVE  
CITY-ST-ZIP HOMESTEAD FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *Norma Dominy* SIGNATURE REQUIRED

4/30/97 246-7900

CR2E037 (9/96)