

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 10 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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: **1820 S. CANAL DRIVE HOMESTEAD FL 33035 US**  
Mailing Address: **1820 S. CANAL DRIVE HOMESTEAD FL 33035 US**

3. Date Incorporated or Qualified: **01/26/1990**  
4. FEI Number: **65-0172376**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Is this nonprofit corporation a homeowners association?  Yes  No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business (21-24) and Mailing Address (2a-24) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **FONTE, TINA, 1820 S. CANAL DRIVE, SUITE 007, HOMESTEAD FL 33035**

10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address (**1820 S. CANAL DRIVE**), City (**HOMESTEAD FL**), 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: *Tina Fonte* DATE: **January 29, 1998**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DOMINY, NORMA</b>	
STREET ADDRESS	<b>1820 S. CANAL DR</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>EMLEY, JACK</b>	
STREET ADDRESS	<b>1829 S. CANAL DR.</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STAAB, CHARLOTTE</b>	
STREET ADDRESS	<b>2400 PALM DRIVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHN ROSSON</b>	
STREET ADDRESS	<b>2400 PALM DRIVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JACK EMLEY</b>	
STREET ADDRESS	<b>2400 PALM DRIVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Michael Lewis</b>
5.3 STREET ADDRESS	<b>1820 S. Canal Drive</b>
5.4 CITY-ST-ZIP	<b>Homestead, Fl. 33035</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Tina Fonte* DATE: **1/29/98**

CP2E037 (10/97)