

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90048 006 ****61.25

0024697

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36319

1. Corporation Name
KEYS GATE CONDOMINIUM NO. FIVE ASSOCIATION, INC.

Principal Place of Business
 1820 S CANAL DR
 HOMESTEAD FL 33035
 US

Mailing Address
 1820 S. CANAL DRIVE
 HOMESTEAD FL 33035
 US



2. Principal Place of Business 21 888 Kingman Rd.	2a. Mailing Address 26 888 Kingman Rd.	3. Date Incorporated or Qualified 01/26/1990
Suite, Apt. #, etc. 22 —	Suite, Apt. #, etc. 27 —	4. FEI Number 65-0172376
City & State 23 Homestead, FL	City & State 28 Homestead, FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33035	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent FONTE, TINA 1820 S CANAL DR HOMESTEAD FL 33035	10. Name and Address of New Registered Agent 81 Name Fonte, Tina 82 Street Address (P.O. Box Number is Not Acceptable) 83 888 Kingman Road 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 *Tina Fonte* (NOTE: Registered Agent signature required when reinstating) DATE **Jan 24, 1999**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DOMINY, NORMA		1.2 NAME DOMINY, NORMA	
STREET ADDRESS 1820 S. CANAL DR		1.3 STREET ADDRESS 888 KINGMAN ROAD	
CITY-ST-ZIP HOMESTEAD FL		1.4 CITY-ST-ZIP HOMESTEAD, FL 33035	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EMLEY, JACK		2.2 NAME EMLEY, JACK	
STREET ADDRESS 1829 S. CANAL DR.		2.3 STREET ADDRESS 888 KINGMAN ROAD	
CITY-ST-ZIP HOMESTEAD FL		2.4 CITY-ST-ZIP HOMESTEAD, FL 33035	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STAAB, CHARLOTTE		3.2 NAME STAAB, CHARLOTTE	
STREET ADDRESS 2400 PALM DRIVE		3.3 STREET ADDRESS 888 KINGMAN ROAD	
CITY-ST-ZIP HOMESTEAD FL		3.4 CITY-ST-ZIP HOMESTEAD, FL 33035	
TITLE ST	<input type="checkbox"/> DELETE	4.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOHN ROSSON		4.2 NAME ROSSON, JOHN	
STREET ADDRESS 2400 PALM DRIVE		4.3 STREET ADDRESS 888 KINGMAN ROAD	
CITY-ST-ZIP HOMESTEAD FL		4.4 CITY-ST-ZIP HOMESTEAD, FL 33035	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEWIS, MICHAEL		5.2 NAME LEWIS, MICHAEL	
STREET ADDRESS 1820 S CANAL DR		5.3 STREET ADDRESS 888 KINGMAN ROAD	
CITY-ST-ZIP HOMESTEAD FL 33035		5.4 CITY-ST-ZIP HOMESTEAD, FL 33035	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *Norma Dominy* SIGNATURE REQUIRED *1/15/99*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)