

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State

03-30-2000 90033 021 ****61.25

DOCUMENT # N36319

1. Entity Name

KEYS GATE CONDOMINIUM NO. FIVE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

888 KINGMAN RD
 HOMESTEAD FL 33035
 US

888 KINGMAN RD
 HOMESTEAD FL 33035-1200
 US

2. Principal Place of Business

3. Mailing Address

1820 S. Canal Dr.

1820 S. Canal Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hmstd, FL

City & State

Hmstd, FL

4. FEI Number

65-0172376

Applied For

Not Applicable

Zip

Country

83035

US

Zip

Country

83035

US

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FONTE, TINA
 888 KINGMAN RD
 HOMESTEAD FL 33035

Name

Carlos Triay

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

999 Ponce De Leon Blvd. # 1110

City

Coral Gables

FL

Zip Code

33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/00

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	DOMINY, NORMA	
STREET ADDRESS	888 KINGMAN RD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EMLEY, JACK	
STREET ADDRESS	888 KINGMAN RD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	STAAB, CHARLOTTE	
STREET ADDRESS	888 KINGMAN RD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	JOHN ROSSON	
STREET ADDRESS	888 KINGMAN RD	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, MICHAEL	
STREET ADDRESS	888 KINGMAN RD	
CITY-ST-ZIP	HOMESTEAD FL 33035	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Norma Dominy	
STREET ADDRESS	1820 S. Canal Dr.	
CITY-ST-ZIP	Hmstd, FL 33035	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jack Emley	
STREET ADDRESS	1820 S. Canal Dr.	
CITY-ST-ZIP	Hmstd, FL 33035	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Charlotte Staab	
STREET ADDRESS	1820 S. Canal Dr.	
CITY-ST-ZIP	Hmstd, FL 33035	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John Rosson	
STREET ADDRESS	1820 S. Canal Dr.	
CITY-ST-ZIP	Hmstd, FL 33035	
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:

~~SIGNATURE REQUIRED~~
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norma Dominy 3/10/00 280-0317

Date

Daytime Phone #

CR2E07 (9/99)