

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90016 010 ****61.25

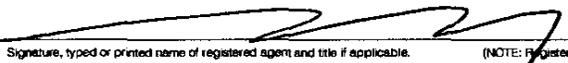
DOCUMENT # N36319			
1. Entity Name KEYS GATE CONDOMINIUM NO. FIVE ASSOCIATION, INC.			
Principal Place of Business 888-A KINGMAN RD HOMESTEAD, FL 33035 US		Mailing Address 888-A KINGMAN RD HOMESTEAD, FL 33035 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0172376		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	



01052004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TRIAY, CARLOS 10570 SW 27TH STREET SUITE 103 MIAMI, FL 33172		Name: <u>CARLOS A. TRIAY, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable): <u>10570 NW 27 Street Suite 103</u> City: <u>Miami</u> FL Zip Code: <u>33172</u>	

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:  DATE: 3/18/04

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: D NAME: KOROSE, ROBERT STREET ADDRESS: 888-A KINGMAN RD CITY-ST-ZIP: HOMESTEAD, FL 33035	<input type="checkbox"/> Delete	TITLE: Pres. Clent NAME: Norma Domy STREET ADDRESS: 888-A Kingman Rd. CITY-ST-ZIP: Homestead, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VPD NAME: WILLIAMS, DIANA STREET ADDRESS: 1820 S CANAL DR CITY-ST-ZIP: HOMESTEAD, FL 33035	<input type="checkbox"/> Delete	TITLE: VICE PRESIDENT NAME: Dana Williams STREET ADDRESS: 888-A Kingman Rd. CITY-ST-ZIP: Homestead, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: T NAME: ROSSON, JOHN STREET ADDRESS: 1820 S CANAL DR CITY-ST-ZIP: HOMESTEAD, FL 33035	<input type="checkbox"/> Delete	TITLE: Secretary NAME: Barbara Olsen STREET ADDRESS: 888-A Kingman Rd. CITY-ST-ZIP: Homestead, FL 33035	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: D NAME: KAROSE, ROBERT STREET ADDRESS: 1820 S CANAL DR CITY-ST-ZIP: HOMESTEAD, FL 33035	<input type="checkbox"/> Delete	TITLE: Treasurer NAME: John Rossion STREET ADDRESS: 888-A Kingman Rd. CITY-ST-ZIP: Homestead, FL 33035	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	TITLE: Director NAME: Robert Korose STREET ADDRESS: 888-A Kingman Rd. CITY-ST-ZIP: Homestead, FL 33035	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP: 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(9)(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: Norma T. Domy DATE: 3/23/04 DAYTIME PHONE #: 230-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR