

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32963

Entity Name: KEYS GATE CONDOMINIUM NO. FOUR ASSOCIATION, INC.**Current Principal Place of Business:**1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034**Current Mailing Address:**1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034 US**FEI Number:** 65-0172374**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SKLRD, INC
201 ALHAMBRA CIRCLE - STE. 1102
CORAL GABLES, FL 33134 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|------------------------------|
| Title | TREASURER |
| Name | CRAY KELLY , KATHLEEN |
| Address | 1541 SE 12 AVE SUITE # 37 |
| City-State-Zip: | HOMESTEAD FL 33034 |

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|-----------------|------------------------------|
| Title | SECRETARY |
| Name | SILVA, NYREE |
| Address | 1541 SE 12 AVE SUITE # 37 |
| City-State-Zip: | HOMESTEAD FL 33034 |

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|-----------------|------------------------------|
| Title | PRESIDENT |
| Name | GIRALDO, CLARA |
| Address | 1541 SE 12 AVE SUITE # 37 |
| City-State-Zip: | HOMESTEAD FL 33034 |

| | |
|-----------------|--------------------|
| Title | VP |
| Name | MAYS, LUELLA |
| Address | 1541 SE 12 AVE |
| City-State-Zip: | HOMESTEAD FL 33034 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CLARA, GIRALDO

PRESIDENT

02/09/2023

Electronic Signature of Signing Officer/Director Detail_____
Date