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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **720770** **(7)**

1. Corporation Name

GOLD KEY VILLAS WEST, INC.

Principal Place of Business	Mailing Address
2211 N W 81ST TERRACE SUNRISE FL 33322	2211 N W 81ST TERRACE SUNRISE FL 33322-3009

3. Date Incorporated or Qualified: 04/23/1971
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business
21: 2211 NW 81 Terrace
Suite, Apt. #, etc.
22: Sunrise, Florida
City & State
23:
Zip 24: 33322 Country 25:

2a. Mailing Address
26: 2211 NW 81 Terrace
Suite, Apt. #, etc.
27: Sunrise Florida
City & State
28:
Zip 29: 33322 Country 30:

4. FEI Number: 59-1519976 — Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☒ — **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GRAHAM, MARGARET
8250 N.W. 24TH STREET
SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name: Patricia Schrager
82 Street Address (P.O. Box Number is Not Acceptable): 2262 NW 81 Terrace
83:
84 City: Sunrise FL 85 Zip Code: 33322

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: Patricia Schrager — 4-25-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	ESPOSITO, DEBRA		1.2 NAME	Esposito, Debra	
STREET ADDRESS	2211 NW 81ST TERR		1.3 STREET ADDRESS	2211 NW 81 Terr	
CITY-ST-ZIP	SUNRISE, FL 00000		1.4 CITY-ST-ZIP	Sunrise, FLA. 33322	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	MOSER, BARBARA		2.2 NAME	Moser, Barbara	
STREET ADDRESS	2211 NW 81ST TERR		2.3 STREET ADDRESS	2211 NW 81 Terr	
CITY-ST-ZIP	SUNRISE, FL 00000		2.4 CITY-ST-ZIP	Sunrise, FL. 33322	
TITLE	VD	☒ DELETE	3.1 TITLE	VD	☐ Change ☒ Addition
NAME	MCCALL, MELBA		3.2 NAME	Allen, Iris	
STREET ADDRESS	2211 NW 81ST TERR		3.3 STREET ADDRESS	2211 NW 81 Terr	
CITY-ST-ZIP	SUNRISE, FL 00000		3.4 CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	SD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	SCHRAGER, PATRICIA		4.2 NAME	Patricia Schrager	
STREET ADDRESS	2211 NW 81ST TERR		4.3 STREET ADDRESS	2211 NW 81 Terr	
CITY-ST-ZIP	SUNRISE, FL 00000		4.4 CITY-ST-ZIP	Sunrise, FL. 33322	
TITLE	TD	☒ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	FARKAS, ELAINE		5.2 NAME	Hynes, Mary	
STREET ADDRESS	2211 NW 81ST TERR		5.3 STREET ADDRESS	2211 NW 81 Terr	
CITY-ST-ZIP	SUNRISE, FL 00000		5.4 CITY-ST-ZIP	Sunrise, FL 33322	
TITLE	PD	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRAHAM, MARGARET		6.2 NAME		
STREET ADDRESS	2211 NW 81ST TERR		6.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Patricia Schrager REQUIRED — 4-25-97 — 954-741-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0038990