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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 720770

1. Corporation Name
GOLD KEY VILLAS WEST, INC.

Principal Place of Business	Mailing Address
2211 N.W. 81 TERRACE SUNRISE FL 33322 US	2211 N.W. 81 TERRACE SUNRISE FL 33322 US

2. Principal Place of Business	2a. Mailing Address
21 2211 NW 81 Terrace	26 2211 NW 81 Terrace
Suite, Apt. #, etc. 22 SUNRISE, FLORIDA	Suite, Apt. #, etc.: 27 SUNRISE, FLORIDA
City & State 23 33322 BROW	City & State 28 33322
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualifed: 04/23/1971

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

5. Certifcate of Status Desired ☐ — **$8.75** Additional Fee Required

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

9. Name and Address of Current Registered Agent

SCHRAGER, PATRICIA
2262 N.W. 81 TERR
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): 8201 NW 23 STREET
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SCHRAGER, PATRICIA 2262 N.W. 81ST TERRACE SUNRISE FL 33322	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ESPOSITO, DEBRA 2290 N.W. 81ST TERRACE SUNRISE FL 33322	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP LEHMAN, GARY 8240 NW 24TH STREET SUNRISE, FL 33322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ALLEN, IRIS 2248 N.W. 81ST TERRACE SUNRISE FL 33322	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEHMAN, GARY 8240 N.W. 24TH STREET SUNRISE FL 33322	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	TD WAITE, COLLIN 2500 NW 81 Terrace SUNRISE, FL. 33322	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOSER, BARBARA 8151 N.W. 25TH PLACE SUNRISE FL 33322	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Patricia Schrager **SIGNATURE REQUIRED** 3-19-99 954-741-8807
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #