

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90077 033 ****61.25

DOCUMENT # 720770

1. Entity Name

GOLD KEY VILLAS WEST, INC.



Principal Place of Business

**2211 N.W. 81 TERRACE
SUNRISE FL 33322
US**

Mailing Address

**2211 N.W. 81 TERRACE
SUNRISE FL 33322
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

59-1519976

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHRAGER, PATRICIA
8201 NW 23 STREET
SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Patricia Schrage **PATRICIA Schrage**

4-24-05

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GREEN, LEROY**
STREET ADDRESS **8235 NW 24 STREET**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **TD** ☐ Delete
NAME **PIETTE, GERARD**
STREET ADDRESS **8230 NW 23 STREET**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **SD** ☒ Delete
NAME **PANKIEWICZ, MARY LISA**
STREET ADDRESS **8150 NW 25 PLACE**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **VD** ☐ Delete
NAME **SMOLLER, VIRGINIA**
STREET ADDRESS **2240 NW 81 TERRACE**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **PD** ☐ Delete
NAME **SCHRAGER, PATRICIA**
STREET ADDRESS **8201 NW 23 STREET**
CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **D** ☒ Delete
NAME **ESPOSITO, LOUIS**
STREET ADDRESS **2290 NW 81 TERRACE**
CITY-ST-ZIP **SUNRISE FL 33322**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☒ Change ☐ Addition
NAME **GREEN, LEROY**
STREET ADDRESS **8235 NW 24 ST**
CITY-ST-ZIP **SUNRISE, FL 33322**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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:

Patricia Schrage **PATRICIA Schrage**

4-24-05 954-741-8807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #