2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 26, 2006 8:00 am Secretary of State **DOCUMENT # 720770** 1. Entity Name 04-26-2006 90183 011 ****61.25 GOLD KEY VILLAS WEST, INC. Principal Place of Business Mailing Address 2211 N.W. 81 TERRACE SUNRISE FL 33322 2211 N.W. 81 TERRACE SUNRISE FL 33322 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State 4. FEI Number Applied For City & State 59-1519976 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SCHRAGER, PATRICIA Street Address (P.O. Box Number is Not Acceptable) 8201 NW 23 STREET SUNRISE FL 33322 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE **Change** ■ Addition GREEN, LERDY 8235 NW 24 STREET GREEN, LEROY NAME NAME 8235 NW 24 STREET STREET ADDRESS STREET ADDRESS SUNRISE FL 33322 SUNRISE FL 33322 CITY-ST-7IP CiTY-ST-7IP X Delete TITLE Change Addition TITLE ROBERT ROSINO PIETTE, GERARD NAME NAME 2530 NW 81 TERT 8230 NW 23 STREET STREET ADDRESS STREET ADDRESS CITY ST-ZIP SUNRISE FL 33322 CITY - ST- 71P SURRISE, FL 33322 TITLE .☐ Doteto _ TITLE Change Addition MOHAMMED, IMRAN NAME SMOLLER, VIRGINIA NAME 8/50 NW 26 STREET 2240 NW 81 TERRACE STREET ADDRESS STREET ADDRESS SUNRISE, FL 33322 CITY-ST-7IP SUNRISE FL 33322 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change SCHRAGER, PATRICIA STREET ADDRESS 8201 NW 23 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL 33322 ☐ Delete ☐ Change TITLE TITLE Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

atricea Selvan

4-13-06

954-741-8807

FILED