

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90177 020 ****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

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

7. Name and Address of New Registered Agent

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

Name **SCHRAGER, PATRICIA**

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 SCHRAGER

PRESIDENT

1-13-03

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE **TD** ☐ Delete
NAME **HOPPE, CHRISTINE**
STREET ADDRESS **2283 NW 81 TERRACE**
CITY-ST-ZIP **SUNRISE FL 33322**

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

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

TITLE **SD** ☒ Change ☐ Addition
NAME **PANKEWICZ, 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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

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 SCHRAGER

1-13-03 934-741-8807

CR2E037 (10/02)