

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90033 036 ****61.25

DOCUMENT # N05000005390 1. Entity Name GOLD KEY VILLAS #7 ASSOCIATION INC					
Principal Place of Business 6841 NW 30TH ST. SUNRISE, FL 33313			Mailing Address 6841 NW 30TH ST. SUNRISE, FL 33313		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 51-0544048	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SNAGG, ADRIAN H. 251 S. STATE RD. 7 PLANTATION, FL 33317				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 DPT <input type="checkbox"/> Delete NAME MATSON, JOY ANN STREET ADDRESS 6841 NW 30TH ST. CITY-ST-ZIP SUNRISE, FL 33313			TITLE TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME JOY MATSON STREET ADDRESS SAME CITY-ST-ZIP		
TITLE DS <input checked="" type="checkbox"/> Delete NAME RAMCHARAN, FARIDA STREET ADDRESS 6899 NW 30TH ST. CITY-ST-ZIP SUNRISE, FL 33313			TITLE MARTHA MILES, PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME 6849 NW 30TH STREET STREET ADDRESS SUNRISE, FL 33313 CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME DOROTHEA MILES STREET ADDRESS 6849 NW 30TH STREET CITY-ST-ZIP SUNRISE, FL 33313		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP			TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.					
SIGNATURE: <i>Joy Matson (Treas)</i> JOY MATSON, TREASURER 1/4/06 954-742-0948 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					