


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.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country



01042006 Chg-NP CR2E037 (11/05)

4. FEI Number
51-0544048 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

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 **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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006

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 BPT	<input type="checkbox"/> Delete
NAME MATSON, JOY ANN	
STREET ADDRESS 6841 NW 30TH ST.	
CITY-ST-ZIP SUNRISE, FL 33313	
TITLE DS	<input checked="" type="checkbox"/> Delete
NAME RAMCHARAN, FARIDA	
STREET ADDRESS 6899 NW 30TH ST.	
CITY-ST-ZIP SUNRISE, FL 33313	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JOY MATSON	
STREET ADDRESS SAME	
CITY-ST-ZIP	
TITLE GARTH MILES, PRES	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS 6849 NW 30TH STREET	
CITY-ST-ZIP SUNRISE, FL 33313	
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"/> Change <input type="checkbox"/> Addition
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: *Joy Matson (Treas)* **JOY MATSON, TREASURER** 1/4/06 954-742-0948

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #