

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

**FILED
Oct 15, 2009
Secretary of State**

DOCUMENT# N05000005390

Entity Name: GOLD KEY VILLAS #7 ASSOCIATION INC

Current Principal Place of Business:

6845 NW 30TH ST.
SUNRISE, FL 33313

New Principal Place of Business:

Current Mailing Address:

C/O 251 SO. STATE ROAD 7
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 51-0544048 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SNAGG, ADRIAN H.
251 S. STATE RD. 7
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ADRIAN H. SNAGG

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TVP () Delete
Name: SCHNEIDER, KAREN
Address: 6845 NW 30TH ST.
City-St-Zip: SUNRISE, FL 33313

Title: P () Delete
Name: SHADMI, YOSSEF
Address: 8401 N.W. 53RD COURT
City-St-Zip: LAUDERHILL, FL 33351

Title: S () Delete
Name: MILES, DOROTHEA
Address: 6849 NW 30TH STREET
City-St-Zip: SUNRISE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KAREN SCHNEIDER

Electronic Signature of Signing Officer or Director

P

10/15/2009

Date