

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

FILED

May 09, 2006 8:00 am
Secretary of State

04-17-2006 90338 010 ****61.25

DOCUMENT # N05000011608

1. Entity Name

**SHOMA HOMES KEYS GATE CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**5835 BLUE LAGOON DRIVE
4TH FLOOR
MIAMI FL 33126**

Mailing Address

**5835 BLUE LAGOON DRIVE
4TH FLOOR
MIAMI FL 33126**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

01-0864172

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES, INC.
ONE S.E. 3RD AVENUE
28TH FLOOR
MIAMI FL 33131**

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 reappointing)

DATE

**FILE NOW: 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: **STD** ☐ Delete
NAME: **GARCIA, MELISSA S**
STREET ADDRESS: **5835 BLUE LAGOON DRIVE 4TH FLOOR**
CITY-ST-ZIP: **MIAMI FL 33126**

TITLE: **PD** ☐ Delete
NAME: **DONOSO, MARIA**
STREET ADDRESS: **5835 BLUE LAGOON DRIVE 4TH FLOOR**
CITY-ST-ZIP: **MIAMI FL 33126**

TITLE: **VD** ☐ Delete
NAME: **GLASER, HARVEY**
STREET ADDRESS: **5835 BLUE LAGOON DRIVE 4TH FLOOR**
CITY-ST-ZIP: **MIAMI FL 33126**

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

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CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete
NAME: ☐ Delete
STREET ADDRESS: ☐ Delete
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone #