

**2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 16, 2008**  
**Secretary of State**

DOCUMENT# N05000011608

**Entity Name:** SHOMA HOMES KEYS GATE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**5835 BLUE LAGOON DRIVE  
4TH FLOOR  
MIAMI, FL 33126**New Principal Place of Business:****Current Mailing Address:**396 ALHAMBRA CIRCLE  
STE. 230  
CORAL GABLES, FL 33134**New Mailing Address:****FEI Number:** 01-0864172**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. 3RD AVENUE  
28TH FLOOR  
MIAMI, FL 33131 US**Name and Address of New Registered Agent:**FRANK SILVA  
5835 BLUE LAGOON DRIVE  
4TH FLOOR  
MIAMI, FL 33126 US

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: FRANK SILVA

06/16/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: GARCIA, MELISSA S  
Address: 5835 BLUE LAGOON DRIVE 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: PD ( ) Delete  
Name: DONOSO, MARIA  
Address: 5835 BLUE LAGOON DRIVE 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

Title: VD ( ) Delete  
Name: GLASER, HARVEY  
Address: 5835 BLUE LAGOON DRIVE 4TH FLOOR  
City-St-Zip: MIAMI, FL 33126

**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: MELISSA GARCIA

D

06/16/2008

Electronic Signature of Signing Officer or Director

Date