


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90029 027 ****61.25

DOCUMENT # N31506 1. Entity Name KEYS GATE CONDOMINIUM NO. TWO ASSOCIATION, INC.	
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Principal Place of Business 888-A KINGMAN RD HOMESTEAD, FL 33035 US	Mailing Address 888-A KINGMAN RD HOMESTEAD, FL 33035 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0172368	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SKALD, INC 201 ALHAMORA CIRCLE SUITE 1102 CORAL GABLES, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOULE, BARBARA 888-1 KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKERRET, MARINA 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAGRIFF, OLIVE 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOLL, CHRISTINE 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARILLO, JOAN 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRAIG, HEATHER 888-A KINGMAN RD HOMESTEAD, FL 33035

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IN THIS SPACE**

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: *Olive Blagriff* 1/8/07-305-2300749
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Olive Blagriff