

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

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

01-25-2007 90029 001 ****61.25

DOCUMENT # N32963

1. Entity Name
**KEYS GATE CONDOMINIUM NO. FOUR ASSOCIATION,
INC.**



Principal Place of Business
**888-A KINGMAN RD
HOMESTEAD, FL 33035 US**

Mailing Address
**888-A KINGMAN RD
HOMESTEAD, FL 33035 US**



01042007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0172374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
SUITE 1102
CORAL GABLES, FL 33134**

**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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MURPHY, JOHN
888-A KINGDOM RD.
HOMESTEAD, FL 33035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
THOMPSON, ZITA
888-A KINGDOM RD.
HOMESTEAD, FL 33035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
WINTERS, JEAN
888-A KINGDOM RD.
HOMESTEAD, FL 33035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CRAY, BETTY
888-A KINGDOM RD.
HOMESTEAD, FL 33035**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

President John Murphy

1/5/07

305-230-0223