

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33690 (1)

1. Corporation Name

KEYS GATE CONDOMINIUM NO. THREE ASSOCIATION, INC



Principal Place of Business

Mailing Address

1820 S. CANAL DR.
HOMESTEAD FL 33035

1820 S. CANAL DR.
HOMESTEAD FL 33035

3. Date Incorporated or Qualified

08/14/1989

3a. Date of Last Report

03/17/1995

2. Principal Place of Business

2a. Mailing Address

21 2400 Palm Drive

26 2400 Palm Drive

4. FEI Number

65-0172371

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23 HOMESTEAD, FL

28 HOMESTEAD, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 33035

25 Dade

29 33035

30 Dade

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FORTE, TINA
1820 S. CANAL DR.
HOMESTEAD FL 33035

81 Name

Fonte, Tina

82 Street Address (P.O. Box Number is Not Acceptable)

2400 Palm Drive

83

84 City

HOMESTEAD,

FL

85 Zip Code

33035

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KAETZER, THOMAS
STREET ADDRESS 1820 S. CANAL DRIVE
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

1.1 TITLE PD
1.2 NAME Meyer, Darryl
1.3 STREET ADDRESS 2400 Palm Drive
1.4 CITY-ST-ZIP HOMESTEAD, FL 33035 ☐ Change ☒ Addition

TITLE S
NAME ORENSTEIN, JOAN
STREET ADDRESS 1820 S. CANAL DR
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

2.1 TITLE STD
2.2 NAME Newman, Susan
2.3 STREET ADDRESS 2400 Palm Drive
2.4 CITY-ST-ZIP HOMESTEAD, FL 33035 ☐ Change ☒ Addition

TITLE T
NAME BUSH PERRY
STREET ADDRESS 1820 S. CANAL DRIVE
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

3.1 TITLE VPD
3.2 NAME Panos, Thomas
3.3 STREET ADDRESS 2400 Palm Drive
3.4 CITY-ST-ZIP HOMESTEAD, FL 33035 ☐ Change ☒ Addition

TITLE D
NAME WARREN ASHCROFT
STREET ADDRESS 1820 S. CANAL DR
CITY-ST-ZIP HOMESTEAD FL ☐ DELETE

4.1 TITLE D
4.2 NAME Warren Ashcroft
4.3 STREET ADDRESS 2400 Palm Drive
4.4 CITY-ST-ZIP HOMESTEAD, FL 33035 ☒ Change ☐ Addition

TITLE D
NAME WARREN ASHCROFT
STREET ADDRESS 1820 S. CANAL DR
CITY-ST-ZIP HOMESTEAD FL ☒ DELETE

5.1 TITLE D
5.2 NAME Anthony Palmer
5.3 STREET ADDRESS 2400 Palm Drive
5.4 CITY-ST-ZIP HOMESTEAD, FL 33035 ☐ Change ☒ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-96 305-230-0900

CR2E037 (12/95)