

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N33690 (1)
1. Corporation Name
KEYS GATE CONDOMINIUM NO. THREE ASSOCIATION, INC

Principal Place of Business

Mailing Address

2400 PALM DRIVE
HOMESTEAD FL 33035
US2400 PALM DRIVE
HOMESTEAD FL 33035-1344
US

3. Date Incorporated or Qualified

08/14/1989

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0172371

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No

2. Principal Place of Business

21 1820 S. Canal Drive

2a. Mailing Address

26 1820 S. Canal Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 Homstd, FL

City & State

28 Homstd, FL

Zip

24 33035

Country

US

Zip

29 33035

Country

US

9. Name and Address of Current Registered Agent

FORTE, TINA
2400 PALM DRIVE
HOMESTEAD FL 33035

10. Name and Address of New Registered Agent

81 Name

Tina Forte

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

83 1820 S. Canal Drive

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, DARRYL	
STREET ADDRESS	2400 PALM DRIVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	NEWMAN, SUSAN	
STREET ADDRESS	2400 PALM DRIVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	VOD	<input checked="" type="checkbox"/> DELETE
NAME	PANOS, THOMAS	
STREET ADDRESS	2400 PALM DRIVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WARREN ASHCROFT	
STREET ADDRESS	2400 PALM DRIVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANTHONY PALMER	
STREET ADDRESS	2400 PALM DRIVE	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Knodel, Gail	
1.3 STREET ADDRESS	1820 S. Canal Drive	
1.4 CITY-ST-ZIP	Homestead, FL 33035	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	NEWMAN, SUSAN	
2.3 STREET ADDRESS	1820 S. Canal Drive	
2.4 CITY-ST-ZIP	Homestead, Florida 33035	
3.1 TITLE	VOD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PANOS, THOMAS	
3.3 STREET ADDRESS	1820 S. Canal Drive	
3.4 CITY-ST-ZIP	Homestead, Florida 33035	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HILDA MARTIN	
4.3 STREET ADDRESS	1820 S. Canal Drive	
4.4 CITY-ST-ZIP	Homestead, Florida 33035	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	William Janke	
5.3 STREET ADDRESS	1820 S. Canal drive	
5.4 CITY-ST-ZIP	Homestead, Florida 33035	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	800002195258	
6.3 STREET ADDRESS	-05/29/97--01110--006	
6.4 CITY-ST-ZIP	***61.25	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 # 0024271

CR2E037 (9/96)