


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N33690** (1)
1. Corporation Name
KEYS GATE CONDOMINIUM NO. THREE ASSOCIATION, INC



Principal Place of Business 1820 S. CANAL DRIVE HOMESTEAD FL 33035 US	Mailing Address 1820 S. CANAL DRIVE HOMESTEAD FL 33035 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/14/1989	4. FEI Number 65-0172371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent FORTE, TINA 1820 S. CANAL DRIVE HOMESTEAD FL 33035
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10. Name and Address of New Registered Agent 81 Name FORTE, TINA 82 Street Address (P.O. Box Number is Not Acceptable) 1820 South Canal Drive 83 84 City Homestead FL 85 Zip Code 33035
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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]* DATE **1/22/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	PD KNODEL, GAIL
STREET ADDRESS	1820 S. CANAL DRIVE
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	<input type="checkbox"/> DELETE
NAME	STD NEWMAN, SUSAN
STREET ADDRESS	1820 S. CANAL DRIVE
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	<input type="checkbox"/> DELETE
NAME	VOD PANOS, THOMAS
STREET ADDRESS	1820 S. CANAL DRIVE
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	<input type="checkbox"/> DELETE
NAME	D MARTIN, HILDA
STREET ADDRESS	1820 S. CANAL DRIVE
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D JANKE, WILLIAM
STREET ADDRESS	1820 S. CANAL DRIVE
CITY-ST-ZIP	HOMESTEAD FL 33035
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D Firth, Juanita
5.3 STREET ADDRESS	1820 South Canal Drive
5.4 CITY-ST-ZIP	Homestead, FL. 33035
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Gail A. Knodel, President*

1-12-98

CR2E037 (10/97)