

FILED

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03-03-1999 90079 050 ****61.25



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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	888 KINGMAN RD.	26	888 KINGMAN RD	08/14/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
—		—		65-0172371	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 HOMESTEAD, FL		28 HOMESTEAD, FL		\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24 33035 25 USA		29 33035 30 USA		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

**FONTE, TINA
 1820 S. CANAL DRIVE
 HOMESTEAD FL 33035**

10. Name and Address of New Registered Agent

81	Name
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FONTE, TINA

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

83

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 <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KNODEL, GAIL	1.2 NAME	RICHARDSON, PATRICIA
STREET ADDRESS	1820 S. CANAL DRIVE	1.3 STREET ADDRESS	888 KINGMAN ROAD
CITY-ST-ZIP	HOMESTEAD FL 33035	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWMAN, SUSAN	2.2 NAME	MARTIN, HILDA
STREET ADDRESS	1820 S. CANAL DRIVE	2.3 STREET ADDRESS	888 KINGMAN ROAD
CITY-ST-ZIP	HOMESTEAD FL 33035	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	VOD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PANOS, THOMAS	3.2 NAME	MCCREARY, MARILYN
STREET ADDRESS	1820 S. CANAL DRIVE	3.3 STREET ADDRESS	888 KINGMAN ROAD
CITY-ST-ZIP	HOMESTEAD FL 33035	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, HILDA	4.2 NAME	KNODEL, GAIL
STREET ADDRESS	1820 S. CANAL DRIVE	4.3 STREET ADDRESS	888 KINGMAN ROAD
CITY-ST-ZIP	HOMESTEAD FL 33035	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIRTH, JUANITA	5.2 NAME	FIRTH, JUANITA
STREET ADDRESS	1820 S. CANAL DRIVE	5.3 STREET ADDRESS	888 KINGMAN ROAD
CITY-ST-ZIP	HOMESTEAD FL 33035	5.4 CITY-ST-ZIP	HOMESTEAD, FL 33035
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: X H. J. HARRIS SIGNATURE REQUIRED Vice President 305-230-1155

CR2E037 (11/98)