

DOCUMENT # N33690

1. Entity Name

KEYS GATE CONDOMINIUM NO. THREE ASSOCIATION, INC

FILED
May 11, 2000 8:00 am
Secretary of State

03-30-2000 90033 019 ****61.25

Principal Place of Business

Mailing Address

888 KINGMAN RD
 HOMESTEAD FL 33035
 US

888 KINGMAN RD
 HOMESTEAD FL 33035-1200
 US

2. Principal Place of Business

1820 S. Canal Dr.

3. Mailing Address

1820 S. Canal Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Hmstd, FL

City & State

Hmstd, FL

4. FEI Number

65-0172371

Applied For

Not Applicable

Zip

33035

Country

US

Zip

33035

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

~~FORTE, TINA~~
 888 KINGMAN RD
 HOMESTEAD FL 33035

7. Name and Address of New Registered Agent

Name Carlos Triay

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

999 Ponce De Leon Blvd #1110

City Coral Gables

FL

Zip Code 33134

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
 NAME KNOEL, GAIL
 STREET ADDRESS 1820 S. CANAL DRIVE
 CITY-ST-ZIP HOMESTEAD FL 33035

TITLE STD ☒ Delete
 NAME NEWMAN, SUSAN
 STREET ADDRESS 1820 S. CANAL DRIVE
 CITY-ST-ZIP HOMESTEAD FL 33035

TITLE VOD ☒ Delete
 NAME PANOS, THOMAS
 STREET ADDRESS 1820 S. CANAL DRIVE
 CITY-ST-ZIP HOMESTEAD FL 33035

TITLE VD ☐ Delete
 NAME MARTIN, HILDA
 STREET ADDRESS 888 KINGMAN RD
 CITY-ST-ZIP HOMESTEAD FL 33035

TITLE D ☒ Delete
 NAME FIRTH, JUANITA
 STREET ADDRESS 888 KINGMAN RD
 CITY-ST-ZIP HOMESTEAD FL 33035

TITLE PD ☐ Delete
 NAME RICHARDSON, PATRICIA
 STREET ADDRESS 888 KINGMAN RD
 CITY-ST-ZIP HOMESTEAD FL 33035

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President / O ☒ Change ☐ Addition
 NAME Patricia Richardson
 STREET ADDRESS 1820 S. Canal Dr.
 CITY-ST-ZIP Homestead, FL 33035

TITLE Vice President / Treasurer ☒ Change ☐ Addition
 NAME Marilyn Macready
 STREET ADDRESS 1820 S. Canal Dr.
 CITY-ST-ZIP Hmstd, FL 33035

TITLE Secretary / O ☒ Change ☐ Addition
 NAME Gail Knodel
 STREET ADDRESS 1820 S. Canal Dr.
 CITY-ST-ZIP Hmstd, FL 33035

TITLE Director ☒ Change ☐ Addition
 NAME Hilda Martin
 STREET ADDRESS 1820 S. Canal Dr.
 CITY-ST-ZIP Hmstd, FL 33035

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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:

Patricia Richardson
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Patricia Richardson 3/10/00 245-5885

Date

Daytime Phone #

CR2E037 (9/99)