

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90048 046 \*\*\*\*61.25

**DOCUMENT # N33690**

1. Entity Name

**KEYS GATE CONDOMINIUM NO. THREE ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**1820 S. CANAL DR.  
 HOMESTEAD FL 33035  
 US**

**1820 S. CANAL DR.  
 HOMESTEAD FL 33035  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0172371**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TRAY, CARLOS  
 10570 NW 27TH ST  
 SUITE 103  
 MIAMI FL 33172**

Name

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

City

**FL**

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVPT** ☒ Delete  
 NAME **MCCREADY, MARILYN**  
 STREET ADDRESS **1820 S. CANAL DR**  
 CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Barbara Harmon**  
 STREET ADDRESS **1820 S. Canal Dr.**  
 CITY-ST-ZIP **Homestead, FL 33035**

TITLE **DS** ☒ Delete  
 NAME **KNODEL, GAIL**  
 STREET ADDRESS **1820 S. CANAL DRIVE**  
 CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **Treasurer** ☐ Change ☒ Addition  
 NAME **Thomas Panas**  
 STREET ADDRESS **1820 S. Canal Drive**  
 CITY-ST-ZIP **Homestead, FL 33035**

TITLE **PD** ☐ Delete  
 NAME **RICHARDSON, PATRICIA**  
 STREET ADDRESS **1820 S. CANAL DR.**  
 CITY-ST-ZIP **HOMESTEAD FL 33035**

TITLE **President** ☐ Change ☒ Addition  
 NAME **Millie Fleishfresser**  
 STREET ADDRESS **1820 S. Canal Dr.**  
 CITY-ST-ZIP **Homestead, FL 33035**

TITLE **D** ☐ Delete  
 NAME **CLAUSEN, PETER**  
 STREET ADDRESS **1820 S CANAL DRIVE**  
 CITY-ST-ZIP **HOMESTEAD FL 33035**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/02 305-240-7900**

Date

Daytime Phone #

CR2E037 (9/01)