


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90016 012 ****61.25

DOCUMENT # N33690 1. Entity Name KEYS GATE CONDOMINIUM NO. THREE ASSOCIATION, INC.					
Principal Place of Business 888 A KINGMAN RD. HOMESTEAD, FL 33035 US			Mailing Address 888 A KINGMAN RD. HOMESTEAD, FL 33035 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0172371	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRAY, CARLOS 10570 NW 27TH ST SUITE 103 MIAMI, FL 33172				7. Name and Address of New Registered Agent Name CARLOS A. TRAY, ESQ. Street Address (P.O. Box Number is Not Acceptable) 10570 NW 27th Street Suite 103 City Miami FL Zip Code 33172	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 3/18/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PANOS, THOMAS 1820 S CANAL DRIVE HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Millie Fleishfresser 888-A Kingman Rd. Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RICHARDSON, PATRICIA 1820 S. CANAL DR. HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Thomas Panos 888-A Kingman Rd Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CLAUSEN, PETER 1820 S CANAL DRIVE HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Richard Palmer 888-A Kingman Rd. Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT FLEISHFRESSER, MILLIE 888 A KINGMAN RD. HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Peter Claussen 888-A Kingman Rd. Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HARMON, BARBARA 1820 S CANAL DR HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Barbara Harmon 888-A Kingman Rd. Homestead, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Millie Fleishfresser</u> 2-4-04 230-02116 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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