

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90078 046 ****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 ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent 8KRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLEISHFRESSER, MILLIE 888-A KINGMAN RD. HOMESTEAD, FL 33035	☐ Delete ☒ Change	TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Monteuguto, Jorge 888-A Kingman Rd Homestead, FL 33035	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANOS, THOMAS 888-A KINGMAN RD HOMESTEAD, FL 33035	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lopez, Rosalie 888-A Kingman Rd. Homestead, FL 33035	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, RICHARD 888-A KINGMAN RD HOMESTEAD, FL 33035	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAUSSEN, PETER 888 A KINGMAN RD. HOMESTEAD, FL 33035	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, BARBARA 888-A KINGMAN RD. HOMESTEAD, FL 33035	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 817, 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: <i>Millie Fleischfresser</i> 1/11/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					