


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90029 002 ****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
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01042007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0172371	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SKRLD, INC. 201 ALHAMBRA CIRCLE SUITE 1102 CORAL GABLES, FL 33134

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6. 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

Filing Fee is \$81.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MONTENGUTO, JORGE 888-A KINGMAN RD. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PANOS, THOMAS 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALMER, RICHARD 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CLAUSSEN, PETER 888 A KINGMAN RD. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARMON, BARBARA 888-A KINGMAN RD. HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ROSALIE 888-A KINGMAN RD HOMESTEAD, FL 33035

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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 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: *Rosalie Lopez* Rosalie Lopez 1/16/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #