

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-25-2007 90030 020 ****61.25

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01042007 Chg-NP CR2E037 (12/06)

DOCUMENT # N35237 1. Entity Name KEYS GATE CONDOMINIUM NO. SIX 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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0190278	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SKRLD, INC 201 ALHAMONI CIRCLE STE 1102 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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	S HUERTA, GERARDO 888-A KINGMAN RD. HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORPE, SCOTT 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEAL, FRANKLIN 888-A KINGMAN RD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DIANA 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMALL, CHARLES 888-A KINGMAN RD. HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EDWARDS, KATHLEEN 888-A KINGMAN ROAD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOURES, PAT 888-A KINGMAN RD. HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PRISCILLA 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PRICILLA 888-A KINGMAN RD HOMESTEAD, FL 33035	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PRISCILLA 888-A KINGMAN RD HOMESTEAD, FL 33035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, PRISCILLA 888-A KINGMAN RD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMPSON, PRISCILLA 888-A KINGMAN RD HOMESTEAD, FL 33035
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 life empowered.					
SIGNATURE: <i>Priscilla Thompson</i> 11/7/07 305-230-6234					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					