


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90029 050 ****61.25

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 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01042008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKRLD, INC 201 ALHAMONI CIRCLE STE 1102 CORAL GABLES, FL 33134				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE	D THORPE, SCOTT <input type="checkbox"/> Delete STREET ADDRESS 888-A KINGMAN RD. CITY-ST-ZIP HOMESTEAD, FL 33035				
TITLE	D NEAL, FRANKLIN <input type="checkbox"/> Delete STREET ADDRESS 888-A KINGMAN RD CITY-ST-ZIP HOMESTEAD, FL 33035				
TITLE	T EDWARDS, KATHLEEN <input checked="" type="checkbox"/> Delete STREET ADDRESS 888-A KINGMAN RD. CITY-ST-ZIP HOMESTEAD, FL 33035				
TITLE	D LOURES, PAT <input type="checkbox"/> Delete STREET ADDRESS 888-A KINGMAN RD. CITY-ST-ZIP HOMESTEAD, FL 33035				
TITLE	P THOMPSON, PRISCILLA <input type="checkbox"/> Delete STREET ADDRESS 888-A KINGMAN RD CITY-ST-ZIP HOMESTEAD, FL 33035				
TITLE	D WILSON, DIANA <input type="checkbox"/> Delete STREET ADDRESS 888-A KINGMAN RD CITY-ST-ZIP HOMESTEAD, FL 33035				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition Director NAME Julia Lemus STREET ADDRESS 888-A Kingman Rd CITY-ST-ZIP Homestead, FL 33035				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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: <u>X Priscilla Thompson</u> Priscilla Thompson 1/15/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					