

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

01-25-2007 90030 018 ****61.25

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1. Entity Name
KEYS GATE CONDOMINIUM NO. EIGHT 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

01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3367943

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SKRLD, INC.
201 ALHAMBRA CIRCLE
STE. 1102
CORAL GABLES, FL 33172**

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 renewing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete
NAME **STEVENS, PAUL**
STREET ADDRESS **1820 S CANAL DRIVE**
CITY-ST-ZIP **HOMESTEAD, FL 33085**

TITLE **VIAR** ☒ Delete
NAME **VIAR, BILL**
STREET ADDRESS **888 A KINGMAN RD**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE **S** ☐ Delete
NAME **JAGGER, MATTHEW**
STREET ADDRESS **888-A KINGMAN RD**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE **T** ☒ Delete
NAME **HOLLINGSWORTH, LLOYD**
STREET ADDRESS **888 A KINGMAN RD**
CITY-ST-ZIP **HOMESTEAD, FL 33035**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **STEVENS, PAUL**
STREET ADDRESS **888-A Kingman Rd**
CITY-ST-ZIP **Homestead, FL 33035**

TITLE **V** ☒ Change ☐ Addition
NAME **VIAR, BILL**
STREET ADDRESS **888-A Kingman Rd.**
CITY-ST-ZIP **Homestead, FL 33035**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Paul Stevens 1/20/07 305 2301428