

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002458

FILED
Feb 03, 2009
Secretary of State

Entity Name: KEYS GATE CONDOMINIUM NO. EIGHT ASSOCIATION, INC.

Current Principal Place of Business:

888 A KINGMAN RD
HOMESTEAD, FL 33035 US

New Principal Place of Business:

1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034 US

Current Mailing Address:

888 A KINGMAN RD
HOMESTEAD, FL 33035 US

New Mailing Address:

1541 SE 12 AVE
SUITE # 37
HOMESTEAD, FL 33034 US

FEI Number: 59-3367943

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEVENS, PAUL
Address: 888-A KINGMAN RD
City-St-Zip: HOMESTEAD, FL 33035

Title: V () Delete
Name: VIAR, BILL
Address: 888 A KINGMAN RD
City-St-Zip: HOMESTEAD, FL 33035

Title: S () Delete
Name: CARDERO, BARBARA
Address: 888-A KINGMAN RD
City-St-Zip: HOMESTEAD, FL 33035

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: STEVENS, PAUL
Address: 1541 SE 12 AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: V (X) Change () Addition
Name: VIAR, BILL
Address: 1541 SE 12 AVE
City-St-Zip: HOMESTEAD, FL 33034

Title: S (X) Change () Addition
Name: CARDERO, BARBARA
Address: 1541 SE 12 AVE
City-St-Zip: HOMESTEAD, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE TOCA

AGEN

02/03/2009

Electronic Signature of Signing Officer or Director

Date