

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 718589 (5)

1. Corporation Name

GATEWAY SQUARE NO.6 ASSOCIATION, INC.



Principal Place of Business

Mailing Address

RAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST PETERSBURG FL 33716
US

RAMPART PROPERTIES, INC.
10033 9TH ST. N. 2ND FLOOR
ST PETERSBURG FL 33716
US

3. Date Incorporated or Qualified

05/26/1970

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1379910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSBURN, BILLY K.
10033 9TH ST. N
SECOND FLOOR
ST PETERSBURG FL 33716

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE
NAME TALLEY, WILLIAM
STREET ADDRESS 8100 9TH ST N., APT 309
CITY-ST-ZIP ST PETERSBURG, FL 00000

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☐ DELETE
NAME FLINT, TOM
STREET ADDRESS 8100 11TH ST. N #119
CITY-ST-ZIP ST PETERSBURG, FL 00000

2.1 TITLE **D** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☐ DELETE
NAME WILSON, MONTINE
STREET ADDRESS 8101 11 ST N 120
CITY-ST-ZIP ST PETERSBURG FL

3.1 TITLE **PD** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME CULVER, FRANCES
STREET ADDRESS 8101 11 N 220
CITY-ST-ZIP ST PETERSBURG FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME WORONOWSKI, MIKE
STREET ADDRESS 8101 11TH ST. N #225
CITY-ST-ZIP ST PETERSBURG FL

5.1 TITLE **VD** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **SD** ☐ Change ☒ Addition
6.2 NAME **KEMP, DOROTHY**
6.3 STREET ADDRESS **8101 11TH ST. N. #127**
6.4 CITY-ST-ZIP **ST PETERSBURG FL**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Montine Wilson* MONTINE WILSON 2-28-96(913)576-9352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)