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Apr 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-1379910

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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	SD	<input checked="" type="checkbox"/> DELETE
NAME	KEMP, DOROTHY	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST. PETERSBURG FL	

1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Miriam Thompson	
1.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
1.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VIOLET, SHANNON	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG, FL 00000	

2.1 TITLE	VP/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Phil Moleno	
2.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
2.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, MONTINE	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL	

3.1 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Kay Proteau	
3.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
3.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	CULVER, FRANCES	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
4.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, CARL	
STREET ADDRESS	10033 9TH ST N.	
CITY-ST-ZIP	ST PETERSBURG FL	

5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
5.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	10033 Ninth St. N. 2nd Fl.	
6.4 CITY-ST-ZIP	St. Petersburg, FL 33716-3805	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Miriam B. Thompson

4-6-98

CR2E037 (1097)