

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90020 010 ****61.25

DOCUMENT # 718589

1. Corporation Name

GATEWAY SQUARE NO.6 ASSOCIATION, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/26/1970

4. FEI Number

59-1379910

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME THOMPSON, MIRIAM
STREET ADDRESS 10033 NINTH ST. N., 2ND FL
CITY-ST-ZIP ST. PETERSBURG FL 33716

TITLE VPD ☐ DELETE
NAME MOLENO, PHIL
STREET ADDRESS 10033 NINTH ST. N., 2ND FL
CITY-ST-ZIP ST PETERSBURG, FL 00000 33716

TITLE SD ☒ DELETE
NAME PROTEAU, KAY
STREET ADDRESS 10033 NINTH ST. N., 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE TD ☒ DELETE
NAME CULVER, FRANCES
STREET ADDRESS 10033 NINTH ST. N., 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE D ☒ DELETE
NAME THOMPSON, CARL
STREET ADDRESS 10033 NINTH ST. N., 2ND FL
CITY-ST-ZIP ST PETERSBURG FL 33716

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Moleno, Phil
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Huff, Frances
3.3 STREET ADDRESS 10033 9th Street North 2nd Floor
3.4 CITY-ST-ZIP St. Petersburg, Florida 33716

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME VP Proteau, Robert
4.3 STREET ADDRESS 10033 9th Street North 2nd Floor
4.4 CITY-ST-ZIP St. Petersburg, Florida 33716

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME Reinhart, Margaret
5.3 STREET ADDRESS 10033 9th Street North 2nd Floor
5.4 CITY-ST-ZIP St. Petersburg, Florida 33716

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Miriam Thompson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037-11/98