

**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 # 727201 (6)**

1. Corporation Name  
**GATEWAY ARMS CONDOMINIUM, INC.**



Principal Place of Business: **1601 FORUM PLACE #1101 WEST PALM BEACH FL 33401**  
Mailing Address: **1601 FORUM PLACE #1101 WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified: **08/17/1973**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-1794935**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$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  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
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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

9. Name and Address of Current Registered Agent  
**MARELL, WILLIAM J. (ATTY. AT LAW)**  
**1601 FORUM PLACE #1101**  
**WEST PALM BEACH FL 33401**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>SO</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KOLEHMIANEN, MARIANNE</b>	1.2 NAME	
STREET ADDRESS	<b>1316 GATEWAY DR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SEPPANEN, MARTHA S.</b>	2.2 NAME	<b>Edin Diaz</b>
STREET ADDRESS	<b>1331 GATEWAY DR.</b>	2.3 STREET ADDRESS	<b>1337 GATEWAY DR.</b>
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	2.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, JOE</b>	3.2 NAME	
STREET ADDRESS	<b>1327 GATEWAY DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANTANA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SILANPAA, TOIVO W.</b>	4.2 NAME	<b>Melvin Wilhelm</b>
STREET ADDRESS	<b>1335 GATEWAY DRIVE</b>	4.3 STREET ADDRESS	<b>1336 GATEWAY DR.</b>
CITY-ST-ZIP	<b>LANTANA FL</b>	4.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	<b>GARY McConnell</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>1333 GATEWAY DR.</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>LANTANA, FL 33462</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: Joe Williams **Joe Williams** **4-24-96**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)