

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Oct 14 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 # 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
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3. Date Incorporated or Qualified
08/17/1973

4. FEI Number
59-1794935

Applied For	Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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

MARELL, WILLIAM J. (ATTY. AT LAW)
 1601 FORUM PLACE #1101
 WEST PALM BEACH FL 33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOLEHMIANEN, MARIANNE	
STREET ADDRESS	1316 GATEWAY DR	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DIÁZ, ERIN	
STREET ADDRESS	1337 GATEWAY DRIVE	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WILLIAMS, JOE	
STREET ADDRESS	1327 GATEWAY DRIVE	
CITY-ST-ZIP	LANTANA, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILHALM, MELVA	
STREET ADDRESS	1326 GATEWAY DRIVE	
CITY-ST-ZIP	LANTANA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCONNELL, GERRY	
STREET ADDRESS	1333 GATEWAY DRIVE	
CITY-ST-ZIP	LANTANNA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Wilfredo Roque
2.3 STREET ADDRESS	1335 Gateway Dr.
2.4 CITY-ST-ZIP	LANTANA, FL 33462
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Carol Logan
4.3 STREET ADDRESS	1307 Gateway Dr.
4.4 CITY-ST-ZIP	LANTANA, FL 33462
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Diane Thompson
5.3 STREET ADDRESS	1304 Gateway Dr.
5.4 CITY-ST-ZIP	LANTANA, FL 33462
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 of 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: _____ DATE: **9/30/98**
Signature and typed or printed name of signing officer or director Daytime Phone #

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CR2E037 (5/98)