

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 AUG 29 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727201
1. Entity Name
Gateway Arms Condominium Assn., Inc

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 1999-2002

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
CML Property Management
Suite, Apt. #, etc.
Same
City & State
Greenacres
Zip
FL Country
FL

3. Mailing Address
2994 Jog Road
Suite, Apt. #, etc.
Suite B
City & State
Greenacres
Zip
FL Country
Rln Beach

4. FEI Number
Applied For
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name Scot A. Gerrish
Street Address (P.O. Box Number is Not Acceptable)
2994 Jog Road, Suite B
City Greenacres FL Zip Code 33467

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
SIGNATURE [Signature] Scot A. Gerrish DATE August 14, 2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FEE IS \$61.25
Initial or Amended UBR
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE D	President - D Reynold Ramnarine 2994 Jog Road, Suite B Greenacres, FL 33467	TITLE NAME	300007538033--4 -09/05/02--01029--012 ****481.25 ****481.25
TITLE D	Vice President - D Brian O'Malley 2994 Jog Road, Suite B Greenacres, FL 33467	TITLE NAME	
TITLE D	Treasurer - D Arnold Peane 2994 Jog Road, Suite B Greenacres, FL 33467	TITLE NAME	DO NOT WRITE IN THIS SPACE
TITLE D	Sec - D Marianne Kolchreinsan 2994 Jog Road, Suite B Greenacres FL 33467	TITLE NAME	
TITLE NAME		TITLE NAME	
TITLE NAME		TITLE NAME	

12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] August 14, 2002 561 641-1016

CR2E037B (12/01)