## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF COMPORATIONS

1996

DOCUMENT # 727377

(4)

GATEWA	Y ARMS HOME OWNERS	ASSOCIATION	I, INC.							
Principal Place	of Business	Mailing Addre	SS						IHUIT BIUTI WIDI	( DIS11 1001
1900 N.E 8TH COURT FT. LAUDERDALE FL 33304 FT. LAUDERDALE FL 33304										
	*						3. Date Incorporated or Qualified 09/06/1973	I	te of Last P 2/06/199	5
Principal Place of Business							4. FEI Number		<del>-</del>	pplied For
1		26	مدم ال				59-1512681			ot Applicable Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.							5. Certificate of Status Desired			Required
2 City & State	3	City & Sta	te				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Count	ry		8. This corporation has liability for it	ntangible ta	x under s.	199.032,
4	25	29		30				Yes 🗆		
	9. Name and Address of Curre	nt Registered Age	nt	8	ed T	Nome	10. Name and Address of New R	bereraige	ngent	
KASKE, WILLIAM					''	Name				
					2	Street Add	ess (P.O. Box Number Is Not Acceptable)			
	STATE RD. 7			l B	13					
#214	IDEDDALE EL AGAGA			L						·· <u>···</u>
PURI LA	JDERDALE FL 33194			6	4	City		FL	85   Zip	Code
er reelete	red agent, or both, in the State of Flor ith, and accept the obligations of, Sec Storature, types or principlance of registered age	rida. Such change wetion 617.0503, Flori	vas authorize da Statutes.	by the co	rpa	oration's boa	oration submits this statement for the pur and of directors. I hereby accept the appoint and when renstating)	DATE DATE	7-9	3
12.	OFFICERS AF	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFF	*********		*******
TITLE	D		DELETE	11 111					Change	Addition Addition
NAME	BOCZKOWSKI, STANLEY			1.2 NAM		ADDRESS				
STREET ADDRESS	1900 NE 8TH CT #304   Ft. Lauderdale Fl 33	) o E		1.4 CiTY		i i				
CITY-ST-ZIP TITLE	P ID		DELETE	2.1 TiTL		1-411			Change	☐ Addition
NAME	ASHTON, DAVID	_		2.2 NAM	ΛE					
STREET ADDRESS	1906 N.E. 8TH CT,			2.3 STR	EFT	ADDRESS				
CITY - ST - ZIP	FT. LAUDERDALE FL 33	304		2. 4 CIT	Y-\$	ST- ZIP				
TITLE	D Vena	Ď	DELETE	3.1 TITL	.E				Change	Addition
NAME	STRAIANESE, ZAECT	,	`	3.2 NAM		•				
STREET ADDRESS	1900 N.E. 8TH CT, #208					ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL.	П	DELETE	3.4. OT 4.1 TITL		o1 - ZIP			Change	Addition
NAME	FAILLA, JOSEPH		,	4.2 NA						
STREET ADDRESS	1900 NE 8TH CT #303			_		ADDRESS				
CITY-ST-ZIP	FT LAUD, FL 00000- 333			4.4 CIT		1				
TITLE	TS DELETE			***	5.1 TITLE		1 0 0 0 0 1 6:3 -05/23/96010	ુદ 4ા	(hange	Addition
NAME	BANERER, BARBARA		-	5.2 NA	ME			12UU1	<b>2</b> U	
STREET ADDRESS	1900 NE S CT					ADDRESS	***61.25			$\sim$
CITY-ST-ZIP	FT. LAUDERDALE FL		inciete	5.4 CIT	******	T-ZIP			Change	The state of the s
TITLE J	STRAIANSE, V	'ERA L	DELETE	6.1 TITU				,	Z Change	12
NAME .	,	our Tel 21	<i>38</i> '	6.2 NA		ADDRESS			$\supset$	11
STREET ADDRESS	FORT LANDER	CDALE, F	L 323	04 64 CIT	v. c	:T. 7IP			-	()
CITY-ST-ZIP	by partify that the information supplies	d with this filing is vo	oluntarily furn	shed and o	loe	s not qualify	for the exemption stated in Section 119	.07(3)(k). FI	orida Statut	es. 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: \_

STATUTE AND TYPE OF PRINTED NAME OF STORING OFFICER OF DIRECTOR