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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727377 (4)
1. Corporation Name
GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.



Principal Place of Business 1900 N.E. 8TH COURT FT. LAUDERDALE FL 33304	Mailing Address 1900 N.E. 8TH COURT FT. LAUDERDALE FL 33304-3061
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3. Date Incorporated or Qualified 09/06/1973	3a. Date of Last Report 05/22/1996
4. FEI Number 59-1512681	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	25
29	30

9. Name and Address of Current Registered Agent

**KASKE, WILLIAM
5440 N. STATE RD. 7
#214
FORT LAUDERDALE FL 33194**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BOCZKOWSKI, STANLEY	
STREET ADDRESS	1900 NE 8TH CT #304	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ASHTON, DAVID	
STREET ADDRESS	1906 N.E. 8TH CT,	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FAILLA, JOSEPH	
STREET ADDRESS	1900 NE 8TH CT #303	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STRAJANSE, VERA	
STREET ADDRESS	1900 N.E. 8TH COURT #208	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	PD	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	PD PORTE DAVID 1900 NE 8 CT #203 FT. LDLE, FL. 33304
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	PD TRIGGIE MARCELLA 1900 NE 8 CT #207 FT. LDLE, FL. 33304
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	SD WHELAN, LOIS M. 1900 NE 8 CT #103 FT. LDLE, FL. 33304
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	TD BANAREK BARBARA 1900 NE 8 CT #105 FT. LDLE, FL. 33304 <i>delete</i>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	PD STEVEN KUPFNER 1900 NE 8 CT #308 FT. LDLE, FL 33304
5.4 CITY-ST-ZIP	
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 do 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, changed or on an attachment with an address.

SIGNATURE: *[Signatures]* Secretary/Director Feb 11, 1997 954-467-7764

CR2E037 (9/96)