


FILE NOW: FILING FEE IS \$61.25

FILED
Jul 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 727377
1. Corporation Name
Gateway Arms Homeowners Association, Inc.

Principal Place of Business: 1900 N.E. 8th Court Ft. Lauderdale, FL
Mailing Address: 1900 N.E. 8th Court #310 Ft. Lauderdale, FL 33304

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

3. Date Incorporated or Qualified: September 6, 1976

4. FEI Number: 59-1512681 Applied For: Not Applicable

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
William Kaske
5440 N. State Road 7 #214
Ft. Lauderdale, FL 33319

10. Name and Address of New Registered Agent

81 Name: Lynn Ericson
82 Street Address (P.O. Box Number is Not Acceptable): 1900 N.E. 8th Court
83 #209
84 City: Ft. Lauderdale, FL 85 Zip Code: 33304

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: Lynn Ericson - Treasurer *Lynn Ericson* June 5, 1998

12. OFFICERS AND DIRECTORS

TITLE	P/D	<input checked="" type="checkbox"/> DELETE
NAME	David Porte	
STREET ADDRESS	1900 N.E. 8th Court #207	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	V/D	<input checked="" type="checkbox"/> DELETE
NAME	Marcela Tribble	
STREET ADDRESS	1900 N.E. 8th Court #207	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	S/D	<input checked="" type="checkbox"/> DELETE
NAME	Lois Whelan	
STREET ADDRESS	1900 N.E. 8th Court #103	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	T/D	<input checked="" type="checkbox"/> DELETE
NAME	Steve Kuffner	
STREET ADDRESS	1900 N.E. 8th Court #308	
CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joe Failla	
1.3 STREET ADDRESS	1900 N.E. 8th Court #303	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Barbara Banarer	
2.3 STREET ADDRESS	1900 N.E. 8th Court #105	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Vera Strianese	
3.3 STREET ADDRESS	1900 N.E. 8th Court #201	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
4.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lynn Ericson	
4.3 STREET ADDRESS	1900 N.E. 8th Court #209	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Steve Kuffner	
5.3 STREET ADDRESS	1900 N.E. 8th Court #308	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. 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 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: Lynn Ericson *Lynn Ericson* June 5, 1998 954-767-5562

CR2E037 (10/97)