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**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90031 026 \*\*\*\*61.25

0036385

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 727377

1. Corporation Name

GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.

436513 - 90031 - 26

Principal Place of Business

Mailing Address

1900 N.E. 8TH COURT #310 FT. LAUDERDALE FL 33304

1900 N.E. 8TH COURT #310 FT. LAUDERDALE FL 33304



2. Principal Place of Business

21 1900 N.E. 8th Court

Suite, Apt. #, etc.

22 City & State

23 Ft. Lauderdale, FL

24 33304 25 USA

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28

29 30

3. Date Incorporated or Qualified

09/06/1973

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

9. Name and Address of Current Registered Agent

ERICSON, LYNN  
 1900 N.E. 8TH COURT #209  
 FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent

81 Name Barbara Banarer  
 82 Street Address (P.O. Box Number is Not Acceptable) 1900 N.E. 8th Court  
 83 #105  
 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: *Barbara Banarer* Barbara Banarer S/T/D 4/26/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FAILLA, JOE	
STREET ADDRESS	1900 N.E. 8TH COURT #303	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BANARER, BARBARA	
STREET ADDRESS	1900 N.E. 8TH COURT #105	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STRIANESE, VERA	
STREET ADDRESS	1900 N.E. 8TH COURT #201	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ERICSON, LYNN	
STREET ADDRESS	1900 N.E. 8TH COURT #209	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KUFFNER, STEVE	
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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Darin Sullivan	
1.3 STREET ADDRESS	1900 N.E. 8th Ct. #105	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
2.1 TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Steve Steinfeld	
2.3 STREET ADDRESS	1900 N.E. 8th Ct. #107	
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
3.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Barbara Banarer	
3.3 STREET ADDRESS	1900 N.E. 8th Ct. #105	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE: *Barbara Banarer* SIGNATURE REQUIRED Barbara Banarer 4/26/99 954-832-0516

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)