

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90342 001 ****61.25

DOCUMENT # 727377

1. Entity Name

GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.

Principal Place of Business

1900 N.E. 8TH COURT
 FT. LAUDERDALE FL 33304
 US

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

1220 MIAMI ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE #6

City & State

City & State

FT LAUDERDALE FLA

4. FEI Number

59-1512681

Applied For

Not Applicable

Zip

Country

Zip

Country

33316

BROWARD

5. Certificate of Status Desired

\$8.75 Additional Fee Required.



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BANARER, BARBARA
1900 N.E. 8TH COURT
SUITE 105
FT. LAUDERDALE FL 33304

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **PD** Delete
 NAME: **SULLIVAN, DARIN**
 STREET ADDRESS: **1900 NE 8TH CT #106**
 CITY-ST-ZIP: **FT LAUDERDALE FL 33304**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **VD** Delete
 NAME: **STEINFELD, STEVE**
 STREET ADDRESS: **1900 N.E. 8TH COURT, #107**
 CITY-ST-ZIP: **FT LAUDERDALE FL 32204**

TITLE: **DIRECTOR** Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **STD** Delete
 NAME: **BANARER, BARBARA**
 STREET ADDRESS: **1900 NE 8TH CT #105**
 CITY-ST-ZIP: **FT LAUDERDALE FL 33304**

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: **D** Delete
 NAME: **WILLYS, MICHEL**
 STREET ADDRESS: **1900 NE 8TH CT**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33304**

TITLE: **VICE PRESIDENT** Change Addition
 NAME: **MICHEL, WILLYS**
 STREET ADDRESS: **1900 NE 84 CT**
 CITY-ST-ZIP: **FT LAUD FL 33304**

TITLE: **D** Delete
 NAME: **PORTE, DAVID**
 STREET ADDRESS: **1900 NE 8TH CT**
 CITY-ST-ZIP: **FORT LAUDERDALE FL 33304**

TITLE: **DIRECTOR** Change Addition
 NAME: **CORRINE DORSI**
 STREET ADDRESS: **1900 NE 84 CT**
 CITY-ST-ZIP: **FT LAUDERDALE FL 33304**

TITLE: _____ Delete
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

TITLE: _____ Change Addition
 NAME: _____
 STREET ADDRESS: _____
 CITY-ST-ZIP: _____

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Barbara Banarer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-2001 954-832-0516
 Date Daytime Phone #

CP2E037 (10/00)

06 247