

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727377

FILED
Mar 14, 2010
Secretary of State

Entity Name: GATEWAY ARMS HOME OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1512681 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KIRBY, TIMBER
1900 N.E. 8TH COURT
SUITE 310
FT. LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: TRES
Name: KIRBY, TIMBER
Address: 1900 N.E. 8T COURT #101
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D
Name: WHELAN, JERRI
Address: 1900 N.E. 8TH COURT, #201
City-St-Zip: FT LAUDERDALE, FL 33304

Title: D
Name: COUVILLON, DAVID
Address: 1900 NE 8TH COURT #206
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: SIMMER, SCOTT
Address: 1900 NE 8TH COURT #107
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: PRES
Name: SULLIVAN, DARIN
Address: 1900 NE 8TH COURT #106
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: D
Name: KELLER, TERRY
Address: 1900 NE 8TH COURT #104
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: TIMBER KIRBY

TRES

03/14/2010

Electronic Signature of Signing Officer or Director

_____ Date