

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 MAY -1 PH 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 755545
1. Corporation Name
GATEWAY WEST CONDOMINIUM ASSOCIATION INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**LAND CAP.PROP.SERV.
12000 SW 114 PLACE
MIAMI, FL 33176** **LAND CAP PROP.SERV.
12000 SW 114 PLACE
MIAMI, FL 33176**

3. Date Incorporated or Qualified 12/15/1980	3a. Date of Last Report 3/28/1994
4. FBI Number 59-2046976	Applied For <input type="checkbox"/> Not Applicable

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

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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**STEPHEN SUITS
LAND CAP PROPERTY SERVICES INC.
12000 SW 114 PLACE
MIAMI, FL 33176**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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, Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P/D
NAME	DONNA FOWLER
STREET ADDRESS	35303 SW 180 Ave. # 409
CITY - ST - ZIP	HOMESTEAD, FL 33034
TITLE	VP/D
NAME	RALPH NONNEMACHER
STREET ADDRESS	35303 SW 180 av3. # 360
CITY - ST - ZIP	HOMESTEAD, FL 33034
TITLE	S/D
NAME	JEANNE HARRISON
STREET ADDRESS	35303 SW 180 Ave. # 374
CITY - ST - ZIP	HOMESTEAD, FL 33034
TITLE	T/D
NAME	SANDRA L. MOSER
STREET ADDRESS	35303 SW 180 Ave. # 362
CITY - ST - ZIP	HOMESTEAD, FL 33034
TITLE	D
NAME	THOMAS TRIANO
STREET ADDRESS	35303 SW 180 Ave. # 417
CITY - ST - ZIP	HOMESTEAD, FL 33034
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	500001472845
23 STREET ADDRESS	-05/03/95--01050--008
24 CITY - ST - ZIP	***130.00 ***130.00
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: *Donna Fowler* **4/20/95**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR