


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 12, 1999 8:00 am**  
**Secretary of State**

04-12-1999 90026 045 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 755545**

1. Corporation Name

**GATEWAY WEST CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

LAND CAP PROPERTY SERVICES INC.  
13800 SW 144 RD  
MIAMI FL 33186  
US

Mailing Address

LAND CAP PROPERTY SERVICES INC.  
13800 SW 144 AVE RD.  
MIAMI FL 33186  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/15/1980	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2046976	
24 Country		29 Country		30 Applied For	
				Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

9. Name and Address of Current Registered Agent

**SUITS, STEPHEN**  
**LAND CAP PROPERTY SERVICES INC.**  
**13800 SW 144 RD**  
**MIAMI FL 33186**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, DONNA	1.2 NAME	
STREET ADDRESS	35303 SW 180 AVE #409	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTAD FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROUTH, CLINTON	2.2 NAME	Hobson, Samuel
STREET ADDRESS	35303 SW 180 AVE #335	2.3 STREET ADDRESS	35303 SW 180 Ave #342
CITY-ST-ZIP	HOMESTEAD FL 33034	2.4 CITY-ST-ZIP	Homestead, FL 33034
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, JEANNE	3.2 NAME	
STREET ADDRESS	35303 SW 180 AVE 374	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE	T/D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSER, SANDRA	4.2 NAME	
STREET ADDRESS	35305 SW 180 AVE. # 362	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33034	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIANO, THOMAS	5.2 NAME	Voight, Dale
STREET ADDRESS	35303 SW 180 AVE., #417	5.3 STREET ADDRESS	35303 SW 180 Ave #381, 382
CITY-ST-ZIP	HOMESTEAD FL 33034	5.4 CITY-ST-ZIP	Homestead, FL 33034
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

*Donna Fowler* **SIGNATURE REQUIRED** L. Fowler

4/6/99

305 247-5482

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)