


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90102 016 ****61.25

DOCUMENT # 755545 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
		01152004 Chg-NP		CR2E037 (10/03)	
4. FEI Number 59-2046976				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SUITS, STEPHEN LAND CAP PROPERTY SERVICES INC. 13800 SW 144 RD MIAMI, FL 33186			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOWLER, DONNA		NAME	Saurwine, Mary Ann	
STREET ADDRESS	35303 SW 180 AVE #409		STREET ADDRESS	35303 SW 180 AVE #385	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	Homestead, FL 33034	
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLSTON, SAMUEL		NAME		
STREET ADDRESS	35303 S. W. 180 AVE. #342		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPEL, MARIE CAROLYN		NAME		
STREET ADDRESS	35303 SW 180 AVENUE 345		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERAULT, SUSAN CLAIRE		NAME		
STREET ADDRESS	35303 SW 180 AVE #412		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYMORE, JOAN M		NAME		
STREET ADDRESS	35303 SW 180 AVE, #396		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: <u>Donna L Fowler</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<small>Date Daytime Phone #</small>	