

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90487 004 ****61.25

40073797



01062005 Chg-NP CR2E037 (10/03)

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
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		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOWLER, DONNA			NAME	Sauerwien, Marie A
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOLSTON, SAMUEL			NAME	Carlson, Wayne
STREET ADDRESS	35303 S. W. 180 AVE. #342			STREET ADDRESS	35303 SW 180 AVE #395
CITY-ST-ZIP	HOMESTEAD, FL 33034			CITY-ST-ZIP	Homestead, FL 33034
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 checked="" 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 type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAURWINE, MARY ANN			NAME	
STREET ADDRESS	35303 SW 180 AVE #385			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: <i>Donna L Fowler</i>				Date: <i>4/26/05</i> Daytime Phone #: <i>305 247 5482</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					