2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

DOCUMENT # 755545 1. Entity Name GATEWAY WEST CONDOMINIUM ASSOCIATION, INC.								03-20-20	06 90017 (005 ****6	1.25
LAND CAP PROPERTY SERVICES INC. LAND 13800 SW 144 RD 1380			LAND CA 13800 S	ailing Address AND CAP PROPERTY SERVICES INC. 3800 SW 144 AVE RD. MAMI, FL 33186 US						00360	
2. Principal Place of Business 3. Mai			3. Mailing	Mailing Address							
			Suite,	Suite, Apt. #, etc.			01042006	Chg-NP	CR2EC	037 (11/05)	
City & State			City &	City & State			4. FEI Numbe 59-204	6976		—	oplied For ot Applicable
Zip		Country	Zip		Country		5. Certificate	of Status Desire	ed 🗆	\$8.75 Add Fee Require	
	6. Name	and Address of Current F	Registered A	gent			7. Name and	Address of Ne	w Registered	Agent	
SUITS, STEPHEN					Name						
LAND CAP PROPERTY SERVICES INC. 13800 SW 144 RD MIAMI, FL 33186					Street A	Street Address (P.O. Box Number is Not Acceptable)					
IVII/AIVII, I L	33100				City					Zip Cod	ė
		submits this statement for			'				Fl	- '	
	tions of registe										
SIGNATURE .	Signature, typed o	or printed name of registered agent a	and title if applicab	le. (NOTE: Re	egistered Agent signa	ture required	when reinstating)		DATÉ		
SIGNATURE .	Filing Fee	or printed name of registered agent a e is \$61.25 ay 1, 2006	1	9. Election Campa Trust Fund Con	aign Financing		when reinstating) \$5.00 May B Added to Fees	e I		ck payable to	
SIGNATURE .	Filing Fee	e is \$61.25		9. Election Campa	aign Financing		\$5.00 May B Added to Fees	He I	Make chec Florida Depa	irtment of St	tate
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empewhered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 617, chapter 617, Florida Statutes and that my name appears in Block 10 or Block 11 if chapter 617, chapter 617, chapter 617, Florida Statutes.

5/ - E. / TON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR