


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-20-2006 90017 005 ****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
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, 2006		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 NAME FOWLER, DONNA STREET ADDRESS 35303 SW 180 AVE #409 CITY-ST-ZIP HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE PD NAME Fulton Bob STREET ADDRESS 35303 SW 180 Ave # 362 CITY-ST-ZIP Homestead, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VPD NAME HOLSTON, SAMUEL STREET ADDRESS 35303 S. W. 180 AVE. #342 CITY-ST-ZIP HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE VP NAME Carlson Wayne STREET ADDRESS 35303 SW 180 Ave # 397 CITY-ST-ZIP Homestead, FL 33034	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME CHAPEL, MARIE CAROLYN STREET ADDRESS 35303 SW 180 AVENUE 345 CITY-ST-ZIP HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Reilly James STREET ADDRESS 35303 SW 180 Ave # 318 CITY-ST-ZIP Homestead, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME SAUERWIEN, MARIE A STREET ADDRESS 35303 SW 180 AVENUE, #385 CITY-ST-ZIP HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Redmond Ron STREET ADDRESS 35303 SW 180 Ave # 313 CITY-ST-ZIP Homestead, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME SAURWINE, MARY ANN STREET ADDRESS 35303 SW 180 AVE #385 CITY-ST-ZIP HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE D NAME Morgan Glenn STREET ADDRESS 35303 SW 180 Ave # 324 CITY-ST-ZIP Homestead, FL 33034	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME CARLSON, WAYNE STREET ADDRESS 35303 SW 180 AVENUE, #395 CITY-ST-ZIP HOMESTEAD, FL 33034	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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>Bob Fulton</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>3/14/06</u>	Daytime Phone #: <u>305-251-2234</u>

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4. FEI Number 59-2046976 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required