

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 744845 (9)**

1. Corporation Name

**THE GATE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**4373 ROCK ISLAND RD.  
LAUDERHILL FL 33319**

**4373 ROCK ISLAND RD.  
LAUDERHILL FL 33319**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT  
4373 ROCK ISLAND RD.  
FT LAUDERDALE, FL  
LAUDERHILL FL 33318-2196**

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

TITLE	T	<input type="checkbox"/> DELETE
NAME	ZIMEROFF, THELMA	
STREET ADDRESS	6190 WOODLANDS BLVD.	
CITY - ST - ZIP	TAMARAC FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERTA	
STREET ADDRESS	6193 ROCK ISLAND RD	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONIGLIO, VIVIAN	
STREET ADDRESS	6190 WOODLANDS BLVD.	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	TRD	<input type="checkbox"/> DELETE
NAME	YOUNG, ROBERTA	
STREET ADDRESS	6193 ROCK ISLAND RD	
CITY - ST - ZIP	FT LAUDERDALE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCOLA, TOBY	
STREET ADDRESS	6193 ROCK ISLAND ROAD	
CITY - ST - ZIP	TAMARAC FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	D'AGOSTINO, NANCY	
STREET ADDRESS	6193 ROCK ISLAND ROAD	
CITY - ST - ZIP	TAMARAC FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Roberta M. Young*  
Roberta M. Young

1/25/96 (954) 738-1600  
Date Daytime Phone #

CR2E037 (12/95)