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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744845

1. Corporation Name

THE GATE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4373 ROCK ISLAND RD.
LAUDERHILL FL 33319

Mailing Address

4373 ROCK ISLAND RD.
LAUDERHILL FL 33319



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified:

11/06/1978

4. FEI Number

59-1889638

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75. Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

CAMPBELL PROPERTY MANAGEMENT
4373 ROCK ISLAND RD.
LAUDERHILL FL 33318-2196

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME ZIMEROFF, THELMA
STREET ADDRESS 6190 WOODLANDS BLVD.
CITY-ST-ZIP TAMARAC FL

P ☐ DELETE

NAME YOUNG, ROBERTA
STREET ADDRESS 6193 ROCK ISLAND RD
CITY-ST-ZIP FT LAUDERDALE, FL 00000

D ☐ DELETE

NAME COVITT, IRVING
STREET ADDRESS 6190 WOODLANDS BLVD.
CITY-ST-ZIP FT LAUDERDALE, FL 00000

D ☐ DELETE

NAME GOLDNER, IRVING
STREET ADDRESS 6190 WOODLANDS BLVD
CITY-ST-ZIP TAMARAC FL

VD ☐ DELETE

NAME SCOLA, TOBY
STREET ADDRESS 6193 ROCK ISLAND ROAD
CITY-ST-ZIP TAMARAC FL

S ☐ DELETE

NAME MARON, TOM
STREET ADDRESS 6195 ROCK ISLAND RD
CITY-ST-ZIP TAMARAC FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

954739 1600

CR2E037 (11/98)