**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N98000002179

HOMEOWNERS' ASSOCIATION OF GATEWAY GARDENS, INC.

Principal Place of Business

Mailing Address

## **FILED** Feb 26, 1999 8:00 am § Secretary of State

02-26-1999 90048 044 \*\*\*\*61.25

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1220 SOUTH OCEAN BLVD DELRAY BEACH FL 33483		1220 SOUTH OCEAN BLVD DELRAY BEACH FL 33483					
2. Principal Pl	ace of Business	2a. Mailing Address		3. Date Incorporated or Qualifed 04/15/1998			
21	<del></del>	26			4. FEI Number	Anr	lied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			TE NUMBER	· · · · . <u> </u>	Applicable
22		City & State				\$8.75 A	
City & State	e	28			5. Certificate of Status Desired	Fee Rec	
Zip	Country	Zip 30	Country	'	6. Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to	
24	9. Name and Address of Current			<u> </u>	10. Name and Address of New Registe	red Agent	
	- 110110 0110 1100 0100 0100 0100 0100		81	Name			
SEACH, D	AVID R		82	Street Add	dress (P.O. Box Number is Not Acceptable)		
	TH OCEAN BLVD						
DELRAY B	EACH FL 33483		83				
			84	City	` '	FL 85 Zip C	ode
agent. I a	m familiar with, and accept the obligate Signature, typed or printed name of registered agent	ons of, Section 617.0503, Florida and title if applicable. (NOTE: Reg	Statutes	·. 	tion's board of directors. I hereby accept the a	E	
12.	OFFICERS AND		13.	—	ADDITIONS/CHANGES TO OFFICER		-
TITLE	PD	☐ DELETE	1.1 TITLE	Į		☐ Change	Addition
NAME	SEACH, DAVID R		1.2 NAME	1	•	•	1
STREET ADDRESS	1220 SOUTH OCEAN BLVD		1.3 STREE	TADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY-S	T-ZIP		☐ Change	Addition
TITLE	VD	☐ DELETE	2.1 TITLE	1		□ Ciange	
NAME	SEACH, WILLIAM R	İ	2.2 NAME		•	·	
STREET ADDRESS	1220 SOUTH OCEAN BLVD			TADORESS			-
CITY+ST-ZIP	DELRAY BEACH FL 33483		2.4 CITY-1	ST-ZIP		☐ Change	Addition
TITLE	STD	☐ DELETE	3.1 TITLE				
NAME	SEACH, MARILYN G		3.2 NAME	T.4000500			
STREET ADDRESS	1220 SOUTH OCEAN BLVD	•		TADDRESS	•		l
CITY-ST-ZIP	DELRAY BEACH FL 33483	☐ DELETE	3.4. CITY-:	S1-ZIP		Change	Addition
TITLE			4. 2 NAME	İ		_ ;	_
NAME		<u>,</u>		T ADDRESS	• ,		
STREET ADDRESS			4.4 CITY-5			•	
TITLE		☐ DELETE	5.1 TITLE	7. CII		Change	Addition
NAME			5.2 NAME	-			
STREET ADDRESS			5.3 STREE	T ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-S	ST-ZIP		<u> </u>	
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME	1			ĺ
STREET ADDRESS			6.3 STREE	T ADDRESS	·		
						,	[

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 suppliered 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 repeiver 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 or an allachment with an address, with all other like empowered.

SIGNATURE: