


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90042 023 ****61.25

DOCUMENT # 716942	
1. Entity Name GATEWAY SQUARE NO. 5 ASSOCIATION, INC.	

Principal Place of Business 1051 79TH AVE. NO. #227 SUITE 227 ST. PETERSBURG FL 33702 US	Mailing Address 40 TABS 7601 9TH ST N. SUITE B SAINT PETERSBURG FL 33702 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-1294684	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TYLER, SHIRLEY A E.A. C/O TABS 7601-9TH ST N. STE C ST. PETERSBURG FL 33702
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MARTINEAU, AL	
STREET ADDRESS	951 79TH AVE N., 220	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	ANDRASIE, MARY	
STREET ADDRESS	951 79TH AVE N, 118	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BROOKS, PAULINE	
STREET ADDRESS	1051 79TH AVE N. 206	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WISSING, JOYCE	
STREET ADDRESS	951 79TH AVE N #127	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HARTMANN, DOROTHY	
STREET ADDRESS	1051 79TH AVE N #211	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	Dwight Underhill VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	951 79th Ave N, 315	
STREET ADDRESS	SAINT PETERSBURG FL 33702	
CITY-ST-ZIP		
TITLE	Sylvia Walbridge SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1051 79th Ave N, 110	
STREET ADDRESS	SAINT PETERSBURG FL 33702	
CITY-ST-ZIP		
TITLE	Marie Skillman TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1051 79th Ave N, 312	
STREET ADDRESS	SAINT PETERSBURG FL 33702	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Russell Skillman VPD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1051 79th Ave N, 312	
STREET ADDRESS	SAINT PETERSBURG FL 33702	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Marie Skillman* 3-23-04 727 577-6193
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #