2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 14, 2008 8:00 am Secretary of State 04-14-2008 90050 048 ****61.25

DOCUMENT #744845 1. Entity Name



THE GATE CONDOMINIUM ASSOCIATION, INC.														
4373 ROCK ISLAND RD.			4373	Mailing Address 4373 ROCK ISLAND RD. LAUDERHILL, FL 33319			40068077							
2. Principal Place of Business • No P.O. Box # 3. No				3. Mailing Address							1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					01312008	Chg	j-NP	CR	2E037	7 (12/06)	
City & Stat	te		City & State					4. FEI Numb 59-188						applied For lot Applicable
Zip	Country		Zip	Zip Cou		intry					: 0		8.75 Ac ee Requir	
·	6. Name	and Address of Current F	Registered	Agent				7. Name and	Addre	ss of Nev	v Registe	ered A	gent	
CAMPBEL	L PROPE	RTY MANAGEMENT				Name							:	
4373 ROCK ISLAND RD. LAUDERHILL, FL 33318-2196				Street Address (Address (F	P.O. Box Numb	er is No	t Accepta	ble)			
						City						FL	Zip Co	de .
8. The above	named entity	y submits this statement for	the purpos	se of changing its	egistere	ed office o	r registere	ed agent, or bo	th, in th	e State of	Florida. I	l am fa	miliar with	, and accept
the obligat	tions of regist	ered agent.												
SIGNATURE .	Signature, typed	or printed name of registered agent as	nd title if applic	able. (NOTE:	Registered	f Agent signal	ture required	when reinstating)			D.	ATE		
Filing Fee is \$61.25 Due by May 1, 2008				9. Election Campaign Financing Trust Fund Contribution.										
	_	lay 1, 2008					0	\$5.00 May B Added to Fees	Be :	Fi	Make c orlda De	heck epartn	payable nent of S	lo itate
10.	Due by M		ECTORS				<u> </u>	Added to Fees	ANGES	TO OFFIC	orlda De	epartn	nent of S	itate
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TITLE	VP BLEIMAN, 6195 ROO	OFFICERS AND DIR	ECTORS	Trust Fund Co	11. TITLE NAME STREE	on.	VICE ALIC	Added to Fees ADDITIONS/CH. FRES CE VA DWOOD	ANGES ULI	TO OFFICE	DERS AN	epartn D DIRE	CTORS II	N 10
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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.

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BIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #