

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90050 048 ****61.25

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DOCUMENT # 744845 1. Entity 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 - No P.O. Box #		3. Mailing Address																																																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																											
City & State		City & State																																																																																																																											
Zip	Country	Zip	Country	4. FEI Number 59-1889638																																																																																																																									
				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 CAMPBELL PROPERTY MANAGEMENT 4373 ROCK ISLAND RD. LAUDERHILL, FL 33318-2196			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																										
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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2008		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																																																																																																																													
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VP</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BLEIMAN, SUSAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6195 ROCK ISLAND ROAD #411</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td>P</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>YOUNG, ROBERTA</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6193 ROCK ISLAND ROAD #517</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td>T</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GLIKIN, ROBERTO</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6193 ROCK ISLAND ROAD #413</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td>S</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RENA, PENDERGRASS</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6193 ROCK ISLAND RD. #217</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GREEN, JENNIFER A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6195 ROCK ISLAND RD. #314</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RICHARD, MCDONALD</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6190 WOODLANDS BLVD. #101</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33319</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">VICE PRESIDENT</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>ALICE VAULK</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6190 WOODLANDS BLVD. # 215</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC - FL 33319</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	VP	<input checked="" type="checkbox"/> Delete	NAME	BLEIMAN, SUSAN		STREET ADDRESS	6195 ROCK ISLAND ROAD #411		CITY-ST-ZIP	TAMARAC, FL 33319		TITLE	P	<input type="checkbox"/> Delete	NAME	YOUNG, ROBERTA		STREET ADDRESS	6193 ROCK ISLAND ROAD #517		CITY-ST-ZIP	TAMARAC, FL 33319		TITLE	T	<input type="checkbox"/> Delete	NAME	GLIKIN, ROBERTO		STREET ADDRESS	6193 ROCK ISLAND ROAD #413		CITY-ST-ZIP	TAMARAC, FL 33319		TITLE	S	<input type="checkbox"/> Delete	NAME	RENA, PENDERGRASS		STREET ADDRESS	6193 ROCK ISLAND RD. #217		CITY-ST-ZIP	TAMARAC, FL 33319		TITLE	D	<input type="checkbox"/> Delete	NAME	GREEN, JENNIFER A		STREET ADDRESS	6195 ROCK ISLAND RD. #314		CITY-ST-ZIP	TAMARAC, FL 33319		TITLE	D	<input checked="" type="checkbox"/> Delete	NAME	RICHARD, MCDONALD		STREET ADDRESS	6190 WOODLANDS BLVD. #101		CITY-ST-ZIP	TAMARAC, FL 33319		TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	ALICE VAULK		STREET ADDRESS	6190 WOODLANDS BLVD. # 215		CITY-ST-ZIP	TAMARAC - FL 33319		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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12. 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.																																																																																																																													
SIGNATURE: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																																													