

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90082 012 \*\*\*\*\*61.25

**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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1889638**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMPBELL PROPERTY MANAGEMENT  
4373 ROCK ISLAND RD.  
LAUDERHILL FL 33318-2198**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME **VP**  
STREET ADDRESS **GIANNOLA, SALVATORE**  
CITY-ST-ZIP **6193 ROCK ISLAND ROAD  
TAMARAC FL 33319** ☒ Delete

TITLE  
NAME **V.P. D**  
STREET ADDRESS **PENDER GRASS, RENNA**  
CITY-ST-ZIP **6193 ROCK ISLAND ROAD, #217  
TAMARAC, FL 33319** ☒ Change ☐ Addition

TITLE  
NAME **P.D**  
STREET ADDRESS **YOUNG, ROBERTA**  
CITY-ST-ZIP **6193 ROCK ISLAND RD  
FT LAUDERDALE, FL 00000** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME **D**  
STREET ADDRESS **COVITT, IRVING**  
CITY-ST-ZIP **6190 WOODLANDS BLVD.  
FT LAUDERDALE, FL 00000** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME **T.D**  
STREET ADDRESS **GLIKIN, ROBERTO**  
CITY-ST-ZIP **6193 ROCK ISLAND ROAD  
TAMARAC FL** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME **SD**  
STREET ADDRESS **BLEIMAN, SUSAN**  
CITY-ST-ZIP **6195 ROCK ISLAND ROAD  
TAMARAC FL 33319** ☒ Delete

TITLE  
NAME **S.D**  
STREET ADDRESS **TERRY, G. CAFF**  
CITY-ST-ZIP **6193 ROCK ISLAND ROAD #207  
TAMARAC, FL 33319** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

**SIGNATURE REQUIRED**

**03/25/03**

**954-724-2058**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)