

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718711

FILED
Sep 27, 2013
Secretary of State
CC6369995785**Entity Name:** CONDOMINIUM ASSOCIATION OF GATEWAY HOUSE APTS.,
INC.**Current Principal Place of Business:**CONDOMINIUM ASSOC. GATEWAY HOUSE APTS INC
16710 N.E. 9TH AVENUE
N. MIAMI BEACH, FL 33162**Current Mailing Address:**C/O BONAFIDE MGMT
P.O. BOX 521458
MIAMI, FL 33152 US**FEI Number:** 59-1300090**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RUSSI, RICARDO
13248 SW 8 STREET
MIAMI, FL 33184 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	HOFFMAN, MICHAEL
Address	16740 NE 9TH AVE
City-State-Zip:	N. MIAMI BEACH FL 33162

Title	PD
Name	SPALTER, YITZCHOK
Address	16740 NE 9TH AVE
City-State-Zip:	N. MIAMI BEACH FL 33162

Title	SD
Name	KINAS, KLARA
Address	16710 NE 9TH AVE
City-State-Zip:	N. MIAMI BEACH FL 33162

Title	TD
Name	BRODY, YITCHOK
Address	16740 NE 9TH AVE
City-State-Zip:	N. MIAMI BEACH FL 33162

Title	D
Name	MASSAD, MICHEL
Address	16710 NE 9TH AVE
City-State-Zip:	N. MIAMI BEACH FL 33162

Title	DIRECTOR
Name	HUEBNER, DAVID
Address	16740 NE 9TH AVE
City-State-Zip:	N. MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: YITZCHOK SPALTER**PRESIDENT****09/27/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date