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.

Ρ

SIGNATURE: JEFFREY POST

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail :			
Title	Р	Title	Т
Name	POST, JEFFREY	Name	ROSE, HOSALE
Address	6193 ROCK ISLAND ROAD #109	Address	6193 ROCK ISLAND ROAD #503
City-State-Zip:	TAMARAC FL 33319	City-State-Zip:	TAMARAC FL 33319
Title	S		
Name	KEN, MOSKOWITZ		
Address	6193 ROCK ISLAND RD. #317		

City-State-Zip: TAMARAC FL 33319

The above named en	tity 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	
Officer/Director Detail		

**Current Principal Place of Business:** 4373 ROCK ISLAND RD. LAUDERHILL, FL 33319

**DOCUMENT# 744845** 

# **Current Mailing Address:**

4373 ROCK ISLAND RD. LAUDERHILL, FL 33319

### FEI Number: 59-1889638

## Name and Address of Current Registered Agent:

GATSOS, ELAINE M 1499 WEST PALMETTO PARK ROAD SUITE 210 BOCA RATON, FL 33486 US

Entity Name: THE GATE CONDOMINIUM ASSOCIATION, INC.

### FILED Mar 18, 2014 Secretary of State CC7704951965

Certificate of Status Desired: No

03/18/2014 Date

Date