

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755545

Entity Name: GATEWAY WEST CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**HARBOR MGMT SERVICE
15600 SW 288 ST #406
HOMESTEAD, FL 33033**Current Mailing Address:**PO BOX 924176
HOMESTEAD, FL 33092 US**FEI Number:** 59-2046976**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DOKOVNA, JAMIE BESQ.
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134 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	PD
Name	REILLY, JAMES
Address	HARBOR MGMT SERVICE 15600 SW 288 ST #406
City-State-Zip:	HOMESTEAD FL 33033

Title	VPD
Name	BAKER, CHARLES
Address	HARBOR MGMT SERVICE 15600 SW 288 ST #406
City-State-Zip:	HOMESTEAD FL 33033

Title	SD
Name	CHAPEL, MARIE C
Address	HARBOR MGMT SERVICE 15600 SW 288 ST #406
City-State-Zip:	HOMESTEAD FL 33033

Title	TD
Name	MORGAN, GLENN
Address	HARBOR MGMT SERVICE 15600 SW 288 ST #406
City-State-Zip:	HOMESTEAD FL 33033

Title	D
Name	OLDFIELD, JOHN
Address	HARBOR MGMT SERVICE 15600 SW 288 ST #406
City-State-Zip:	HOMESTEAD FL 33033

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: JAMES REILLY**PRESIDENT****03/08/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date