

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03088

**Entity Name:** GATEWAY HOMEOWNERS ASSOCIATION OF PINELLAS COUNTY, INC.**Current Principal Place of Business:**10590 1ST LANE NO  
ST PETERSBURG, FL 33716**Current Mailing Address:**10590 1ST LANE NO  
ST PETERSBURG, FL 33716 US**FEI Number: 51-0671448****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**KENNEDY, ELIANA  
10590 1ST LANE NO  
ST PETERSBURG, FL 33716 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: ELIANA KENNEDY****04/01/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :****Title** TREASURER  
**Name** KENNEDY, ELIANA (LANA)  
**Address** 10590 1ST LANE N  
**City-State-Zip:** ST PETERSBURG FL 33716**Title** DIRECTOR  
**Name** HICKENBOTTOM, DAVID  
**Address** 10728 1ST WAY N  
**City-State-Zip:** ST PETERSBURG FL 33716**Title** PRESIDENT  
**Name** SCHOFIELD, TRACY  
**Address** 10547 1ST WAY  
**City-State-Zip:** ST. PETERSBURG FL 33716**Title** DIRECTOR  
**Name** BARNES, DORINDA  
**Address** 10444 1ST STREET N  
**City-State-Zip:** ST PETERSBURG FL 33716**Title** DIRECTOR  
**Name** SLOCUM, ELIZABETH  
**Address** 10742 1ST STREET N  
**City-State-Zip:** ST PETERSBURG FL 33716**Title** DIRECTOR  
**Name** BLAKE, CHERYL  
**Address** 10442 BAY ST N E  
**City-State-Zip:** ST PETERSBURG FL 33716**Title** VP  
**Name** COOK, JANICE  
**Address** 10441 BAY ST  
**City-State-Zip:** ST PETERSBURG FL 33716**Title** DIRECTOR  
**Name** NASKA, JAYNE  
**Address** 10640 BAY STREET  
**City-State-Zip:** ST PETERSBURG FL 33716

*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: ELIANA KENNEDY****TREASURER****04/01/2018**

Electronic Signature of Signing Officer/Director Detail

Date