

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 AUG 29 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **727201**

1. Entity Name

Gateway Arms Condominium Asso., Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CNC Property Management

3. Mailing Address

2994 Jog Road

Suite, Apt. #, etc.

Suite B

City & State

Greenacres

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

FL

Country

Fla Beach

REINSTATEMENT

1999-2002

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Scott A. Gerrish*

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

2994 Jog Road, Suite B

City

Greenacres

FL

Zip Code

33467

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

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

Scott A. Gerrish

(NOTE: Registered Agent signature required when reinstating)

DATE

August 14, 2002

FEE IS \$61.25

Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE *D*
NAME *President - D*
STREET ADDRESS *Reynold Rammarine*
CITY-ST-ZIP *2994 Jog Road, Suite B*
Greenacres, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
300007538033--4
-09/05/02--01029--012
******481.25 ****481.25**

TITLE *D*
NAME *Vice President - D*
STREET ADDRESS *Brain O Malley*
CITY-ST-ZIP *2994 Jog Road, Suite B*
Greenacres, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *Treasurer - D*
STREET ADDRESS *Arnold Peane*
CITY-ST-ZIP *2994 Jog Road, Suite B*
Greenacres, FL 33467

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE *D*
NAME *Sec - D*
STREET ADDRESS *Marianne Holchreinsan*
CITY-ST-ZIP *2994 Jog Road, Suite B*
Greenacres FL 33467

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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 on an attachment with an address, with all other like empowered.

SIGNATURE

Aug 14, 2002 *561*
641-1016

CR2E037B (12/01)