

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727201

FILED
Mar 09, 2009
Secretary of State

Entity Name: GATEWAY ARMS CONDOMINIUM, INC.

Current Principal Place of Business:

C/O CMC MGT., INC.
2950 JOG ROAD
GREENACRES, FL 33467

New Principal Place of Business:

Current Mailing Address:

C/O CMC MGT., INC.
2950 JOG ROAD
GREENACRES, FL 33467

New Mailing Address:

FEI Number: 59-1794935

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERRISH, SCOT A
C/O CMC MGT., INC.
2950 JOG ROAD
GREENACRES, FL 33467 US

Name and Address of New Registered Agent:

DICKER, KRIVOK & STOLOFF, P.A.
1818 AUSTRALIAN AVENUE SOUTH
SUITE 400
WEST PALM BEACH, FL 33409 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: EDWARD DICKER, ESQUIRE

03/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORALES, FERDINAND
Address: 1321 GATEWAY DR., #J2
City-St-Zip: LANTANA, FL 33462

Title: D () Delete
Name: PEENO, HAROLD
Address: 528 NO.
City-St-Zip: LAKE WORTH, FL 33460

Title: VD () Delete
Name: THOMPSON, DIANE
Address: 2703 MAPLEWOOD DRIVE
City-St-Zip: GREENACRES, FL 33415

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: SD (X) Change () Addition
Name: PEENO, HAROLD
Address: 528 NO.
City-St-Zip: LAKE WORTH, FL 33460

Title: VTD (X) Change () Addition
Name: THOMPSON, DIANE
Address: 2703 MAPLEWOOD DRIVE
City-St-Zip: GREENACRES, FL 33415

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: FERDINAND MORALES

PD

03/09/2009

Electronic Signature of Signing Officer or Director

Date