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CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:18

DOCUMENT # 734765 (1)

1. Corporation Name

GATEWAY ESTATES PARK CONDOMINIUM ASSOCIATION, IN C.

Principal Place of Business	Mailing Address
IATION, INC. 35250 SOUTH WEST 177TH COURT HOMESTEAD FL 33034-5699 US	IATION, INC. HOMESTEAD FL 33034-5699 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/31/1975
3a. Date of Last Report: 04/21/1994
4. FEI Number: 59-1644873 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

DENNIS, CHERYL C.
35250 SW 177 CT
HOMESTEAD FL 33034

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 1/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BRUCE, DONALD	1.2 NAME	LLOYD PATRICK	
STREET ADDRESS	35250 SW 177TH CT	1.3 STREET ADDRESS	35250 SW 177th Ct. #55	
CITY-ST-ZIP	HOMESTEAD FL	1.4 CITY-ST-ZIP	HOMESTEAD, FL 33034-5699	
TITLE	VPD	2.1 TITLE	VP/D	☒ Change ☐ Addition
NAME	DAWSON, FRANK	2.2 NAME	JANET HERLIHY	
STREET ADDRESS	35250 SW 177TH COURT	2.3 STREET ADDRESS	35250 SW 177th Ct. #148	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	HOMESTEAD, FL 33034-5699	
TITLE	VPD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	PATRICK, LLOYD	3.2 NAME	DONALD AKER	
STREET ADDRESS	35250 SW 177TH CT	3.3 STREET ADDRESS	35250 SW 177th Ct. #156	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	HOMESTEAD, FL 33034-5699	
TITLE	VPD	4.1 TITLE	D	☒ Change ☐ Addition
NAME	ALLEN, SUSAN	4.2 NAME	JOSEPH LAURIE	
STREET ADDRESS	35250 SW 177TH COURT	4.3 STREET ADDRESS	35250 SW 177th Ct. #181	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33034-5699	
TITLE	STD	5.1 TITLE		☐ Change ☐ Addition
NAME	WARNER, DONALD	5.2 NAME		
STREET ADDRESS	35250 SW 177TH COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald G. Warner 1/27/95 (305) 246-1995
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

0038884