


FILE NOW: FILING FEE IS \$61.25

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Feb 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734765** (1)

1. Corporation Name

GATEWAY ESTATES PARK CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business IATION, INC. 35250 SOUTH WEST 177TH COURT HOMESTEAD FL 33034-5699 US	Mailing Address IATION, INC. HOMESTEAD FL 33034 US
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3. Date Incorporated or Qualified 12/31/1975	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 % Landcap Property Services 27 13800 SW 144 Ave. Road 28 City & State 29 Miami, FL 33186 30 Zip 31 Country	4. FEI Number 59-1644873	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name LANDCAP PROPERTY SERVICES, INC.	82 Street Address (P.O. Box Number is Not Acceptable) 13800 SW 144 AVENUE ROAD	83 City STEPHEN SUITS	84 City MIAMI	85 Zip Code FL 33186
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Stephen Suits* **STEPHEN SUITS** **1/28/97**
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	<input type="checkbox"/> DELETE	1.1 TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATRICK, LLOYD		1.2 NAME PATRICK, LLOYD	
STREET ADDRESS 35250 SW 177TH CT #148		1.3 STREET ADDRESS 35250 SW 177th CT #148	
CITY-ST-ZIP HOMESTEAD FL		1.4 CITY-ST-ZIP HOMESTEAD, FL 33034-5699	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STINGONE, ROBERT		2.2 NAME	
STREET ADDRESS 35250 SW 177TH CT #189		2.3 STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD FL		2.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE	3.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME AKER, DONALD		3.2 NAME AKER, DONALD	
STREET ADDRESS 35250 SW 177TH CT #156		3.3 STREET ADDRESS 35250 SW 177th CT #156	
CITY-ST-ZIP HOMESTEAD FL		3.4 CITY-ST-ZIP HOMESTEAD, FL 33034-5699	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LAURIE, JOSEPH		4.2 NAME KENNEDY, ROBERT J.	
STREET ADDRESS 35250 SW 177TH CT #181		4.3 STREET ADDRESS 35250 SW 177th CT #107	
CITY-ST-ZIP HOMESTEAD FL		4.4 CITY-ST-ZIP HOMESTEAD, FL 33034-5699	
TITLE STD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 H. Warner* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**01/28/97**
DateDaytime Phone # **0078113**

CR2E037 (9/96)