

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90051 037 ****61.25

DOCUMENT # 734765

1. Corporation Name

**GATEWAY ESTATES PARK CONDOMINIUM ASSOCIATION, IN
C.**

Principal Place of Business

**LAND CAD PROPERTY INC
13800 SW 144 AVE RD
MIAMI FL 33186
US**

Mailing Address

**13800 SW 144 AVE. ROAD
MIAMI FL 33186
US**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/31/1975

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1644873

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SUITS, STEPHEN
13800 SW 144 AVENUE ROAD
MIAMI FL 33186**

81 Name

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

83

84 City

FL

85 Zip Code

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

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 ☒ DELETE
NAME **VPD**
STREET ADDRESS **PATRICK, LLOYD**
CITY-ST-ZIP **35250 SW 177TH CT #148**
HOMESTEAD FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **Brewer, Glenn**
1.3 STREET ADDRESS **35250 SW 177 Ct, #32**
1.4 CITY-ST-ZIP **Homestead, FL 33034**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **OSTERGAARD, RUTH**
CITY-ST-ZIP **35250 SW 177TH COURT #72**
HOMESTEAD FL 33034

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **Ostergard, Ruth**
2.3 STREET ADDRESS **12732 SW 250 Terr.**
2.4 CITY-ST-ZIP **Homestead, FL 33034**

TITLE ☒ DELETE
NAME **PD**
STREET ADDRESS **DENNIS, CHERYL**
CITY-ST-ZIP **35250 SW 177TH COURT #114**
HOMESTEAD FL 33034

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **PD**
3.3 STREET ADDRESS **Rescigno, Deborah**
3.4 CITY-ST-ZIP **35250 SW 177 Ct, #83**
Homestead, FL 33034

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KENNEDY, ROBERT J.**
CITY-ST-ZIP **35250 SW 177TH CT., #107**
HOMESTEAD FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **STD**
STREET ADDRESS **WARNER, DONALD**
CITY-ST-ZIP **35250 SW 177TH COURT**
HOMESTEAD FL

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **STD**
5.3 STREET ADDRESS **Culbert, Ruth**
5.4 CITY-ST-ZIP **35250 SW 177 Ct, #52**
Homestead, FL 33034

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

5/6/99 246 4109
Date Daytime Phone #

0028195

CR2E037-1/1/98