

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Feb 13, 2001 8:00 am**  
**Secretary of State**

02-13-2001 90067 024 \*\*\*\*61.25

**DOCUMENT # 734765**

1. Entity Name

**GATEWAY ESTATES PARK CONDOMINIUM ASSOCIATION, IN**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1644873**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BREWER, GLENN	
STREET ADDRESS	35250 SW 177 CT #32	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	OSTERGAARD, RUTH	
STREET ADDRESS	12732 SW 250 TERR	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RESCIGNO, DEBORAH	
STREET ADDRESS	35250 SW 177 CT #83	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, ROBERT J.	
STREET ADDRESS	35250 SW 177TH CT., #107	
CITY-ST-ZIP	HOMESTEAD FL	
TITLE	STD	<input checked="" type="checkbox"/> Delete
NAME	CULBERT, RUTH	
STREET ADDRESS	35250 SW 177 CT #52	
CITY-ST-ZIP	HOMESTEAD FL 33034	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORA OSTEN	
STREET ADDRESS	35250 SW 177 CT #192	
CITY-ST-ZIP	Hmstd FL 33034	
TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NANCY GUSTKE	
STREET ADDRESS	35250 SW 177 CT #143	
CITY-ST-ZIP	Hmstd FL 33034	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWEN Noonan	
STREET ADDRESS	35250 SW 177 CT #185	
CITY-ST-ZIP	Hmstd FL 33034	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDAL HOUK	
STREET ADDRESS	35250 SW 177 CT #145	
CITY-ST-ZIP	Hmstd FL 33034	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIC WILTSE	
STREET ADDRESS	35250 SW 177 CT #138	
CITY-ST-ZIP	Hmstd FL 33034	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**NORA OSTEN**

**305**  
**2478500**

CR2E037 (10/00)