

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2007 8:00 am
Secretary of State

02-23-2007 90032 006 ****61.25

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01032007 Chg-NP CR2E037 (12/06)

DOCUMENT # 734765 1. Entity Name GATEWAY ESTATES PARK CONDOMINIUM ASSOCIATION, INC.					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	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. 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MERRETT, DIXIE A		NAME	JoyceAnn Knight	
STREET ADDRESS	35250 SW 177 CT 36		STREET ADDRESS	35250 SW 177 CT #40	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, MARSANNE		NAME	Karen Palmer	
STREET ADDRESS	35250 SW 177 CT 8		STREET ADDRESS	35250 SW 177 CT #39	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNIGHT INGALLS, JOYCE A		NAME	Ralph Bellis	
STREET ADDRESS	35250 SW 177 CT 40		STREET ADDRESS	35250 SW 177 CT #42	
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROBERT F		NAME	Robert Shaw	
STREET ADDRESS	35250 SW 177 CT 93		STREET ADDRESS	35250 SW 177 CT #20	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEODORO, RAYMOND		NAME	Joe Laurie	
STREET ADDRESS	35250 SW 177 CT 111		STREET ADDRESS	35250 SW 177 CT #181	
CITY-ST-ZIP	HOMESTEAD, FL 33034		CITY-ST-ZIP	HOMESTEAD, FL 33034	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Joyce Ann Knight</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/20/07 305 242-0129 <small>Date Daytime Phone #</small>		