

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734765

FILED
Feb 23, 2009
Secretary of State

Entity Name: GATEWAY ESTATES PARK CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

LAND CAP PROPERTY SERVICES INC
13800 SW 144 AVE RD
MIAMI, FL 33186 US

Current Mailing Address:

13800 SW 144 AVE. ROAD
MIAMI, FL 33186 US

New Mailing Address:

LAND CAP PROPERTY SERVICES INC
13800 SW 144 AVE RD
MIAMI, FL 33186 US

FEI Number: 59-1644873

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUITS, STEPHEN
13800 SW 144 AVENUE ROQD
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KNIGHT, JOYCE ANN
Address: 35250 SW 177 CT #40
City-St-Zip: HOMESTEAD, FL 33034

Title: VPD () Delete
Name: PALMER, KAREN
Address: 35250 SW 177 CT #39
City-St-Zip: HOMESTEAD, FL 33034

Title: TD () Delete
Name: BELLIS, RALPH
Address: 35250 SW 177 CT #42
City-St-Zip: HOMESTEAD, FL 33034

Title: SD () Delete
Name: SHAW, ROBERT
Address: 35250 SW 177 CT #20
City-St-Zip: HOMESTEAD, FL 33034

Title: D () Delete
Name: LAURIE, JOE
Address: 35250 SW 177 CT #181
City-St-Zip: HOMESTEAD, FL 33034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCALEESE, MICHAEL
Address: 35250 SW 177 CT #114
City-St-Zip: HOMESTEAD, FL 33034

Title: VPD (X) Change () Addition
Name: LAURIE, JOSEPH
Address: 35250 SW 177 CT #181
City-St-Zip: HOMESTEAD, FL 33034

Title: TD (X) Change () Addition
Name: STINGONE, ROBERT
Address: 35250 SW 177 CT #189
City-St-Zip: HOMESTEAD, FL 33034

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: OSTEN, LOUIE
Address: 35250 SW 177 CT #192
City-St-Zip: HOMESTEAD, FL 33034

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MCALEESE

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date