

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741511 (0)

1. Corporation Name

GATEWAY VILLAS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1919-6 COURTNEY DRIVE
FORT MYERS FL 33901

1919-6 COURTNEY DRIVE
FORT MYERS FL 33901

3. Date Incorporated or Qualified
02/02/1978

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1890622

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUFFENBARGER, DENNIS L.
1919-6 COURTNEY DRIVE
FORT MYERS FL 33901

81 Name

D.G. Suitor & Assoc, Inc

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

1661 Estero Blvd.

83

P.O. Box 6017

84 City

Fort Myers Beach FL

85 Zip Code

33932

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.

DOUGLAS G. SUITOR

(NOTE: Registered Agent signature required when reinstating)

DATE

4/12/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME PELFREY, CHARLES
STREET ADDRESS 10835 FALLSINGTON CT
CITY-ST-ZIP CINCINNATI OH

1.1 TITLE John Grieseking Change Addition
1.2 NAME DIRECTOR
1.3 STREET ADDRESS 500 Estero Blvd.
1.4 CITY-ST-ZIP Ft. Myers Beach, FL 33931

TITLE VPD DELETE
NAME PETERS, RICHARD
STREET ADDRESS 9525 CARRIAGE LANE
CITY-ST-ZIP FORT WAYNE IN

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD DELETE
NAME STOCKMAN, ROGER.
STREET ADDRESS 64 E CARL SANBURG DR.
CITY-ST-ZIP GALESBURG IL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD DELETE
NAME WOLFE, RAY
STREET ADDRESS 1187 MARY LANE
CITY-ST-ZIP MIAMISBURG OH

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

TITLE D DELETE
NAME GIBBS, JOHN
STREET ADDRESS 401 EAST TROPICAL WAY
CITY-ST-ZIP PLANTATION FL

5.1 TITLE TREAS. Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 of 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)