

FILE NOW: FILING FEE IS \$61.25

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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741511
1. Corporation Name
GATEWAY VILLAS CONDOMINIUM ASSOC., INC.

Principal Place of Business
500 Estero Blvd.
Ft. Myers Beach, FL 33931

3. Date incorporated or Qualified 1/30/78
3a. Date of Last Report

2. Principal Place of Business
21 500 Estero Blvd.
 Suite, Apt. #, etc.
2a. Mailing Address
26 PO Box 6017
 Suite, Apt. #, etc.

22 City & State
23 Ft Myers Bch, FL
27 City & State
28 Ft Myers Bch, FL

24 Zip
33931
25 Country
USA
29 Zip
33932
30 Country
USA

4. FEI Number 59-1890622
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

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

9. Name and Address of Current Registered Agent
D.G. Suitor & Assoc., Inc.
1661 Estero Blvd. #27
~~PO BOX 6017~~
Ft. Myers Beach, FL 33932

10. Name and Address of New Registered Agent
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 **PD** ☐ DELETE
NAME **Raymond Wolfe**
STREET ADDRESS **1187 Mary Lane**
CITY - ST - ZIP **Miamisburg, OH 45342**

TITLE **VD** ☐ DELETE
NAME **Richard Peters**
STREET ADDRESS **8514 Castle Creek Dr.**
CITY - ST - ZIP **Ft. Wayne, IN 46804**

TITLE **SD** ☐ DELETE
NAME **John Grieselding**
STREET ADDRESS **1909 E. Harbor Rd #201W**
CITY - ST - ZIP **Port Clinton, OH 43452**

TITLE **TD** ☐ DELETE
NAME **John Gibbs**
STREET ADDRESS **401 East Tropical Way**
CITY - ST - ZIP **Plantation, FL 33317**

TITLE **D** ☐ DELETE
NAME **Roger Stockman**
STREET ADDRESS **64 E Carl Sandburg Dr.**
CITY - ST - ZIP **Galesburg, IL 61401**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

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

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

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

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

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

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14. I do 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.

SIGNATURE: *Ray Wolfe* **RAY WOLFE** **PRESIDENT** **4/18/97** **937-846-4270**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **DATE** **DAYTIME PHONE #**

CR2E037 (9/96)