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FILED
Feb 13 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

500 ESTERO BLVD.
FORT MYERS BEACH FL 33931

Mailing Address

PO BOX 6017
FT. MYERS BEACH FL 33932

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

02/02/1978

4. FEI Number

59-1890622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

D.G. SUITOR & ASSOC. INC.
1661 ESTERO BLVD
FORT MYERS FL 33932

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

TITLE PD
NAME WOLFE, RAYMOND
STREET ADDRESS 1187 MARY LANE
CITY- ST- ZIP MIAMISBURG OH 45342 ☐ DELETE

TITLE VD
NAME PETERS, RICHARD
STREET ADDRESS 8514 CASTLE CREEK DRIVE
CITY- ST- ZIP FORT WAYNE IN ☐ DELETE

TITLE SD
NAME GRIESELING, JOHN
STREET ADDRESS 1999 E. HARBOR ROAD #201W
CITY- ST- ZIP PORT CLINTON OH ☐ DELETE

TITLE TD
NAME GIBBS, JOHN
STREET ADDRESS 401 E. TROPICAL WAY
CITY- ST- ZIP PLANTATION FL 33317 ☒ DELETE

TITLE D
NAME STOCKMAN, ROGER
STREET ADDRESS 64 E. CARL SANDBURG DRIVE
CITY- ST- ZIP GALESBURG IL 61401 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE SD ☐ Change ☒ Addition
2.2 NAME Polly Easter
2.3 STREET ADDRESS 500 Estero Blvd. #296
2.4 CITY- ST- ZIP Ft. Myers Bch., FL 33931

3.1 TITLE PD ☒ Change ☐ Addition
3.2 NAME JOHN GRIESELING
3.3 STREET ADDRESS 500 ESTERO BLVD. #516
3.4 CITY- ST- ZIP FT. MYERS Bch., FL 33931

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

14. 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 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:

1-23-98 741-463-7323

CR2E037 (10/97)