

FILE NOW: FILING FEE IS \$61.25

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

3. Date Incorporated or Qualified: 02/02/1978
4. FEI Number: 59-1890622
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)

9. Name and Address of Current Registered Agent: D.G. SUITOR & ASSOC. INC., 1661 ESTERO BLVD, FORT MYERS FL 33932

10. Name and Address of New Registered Agent (81-85)

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD WOLFE, RAYMOND	1.1 TITLE	TD
NAME	1187 MARY LANE	1.2 NAME	
STREET ADDRESS	MIAMISBURG OH 45342	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD PETERS, RICHARD	2.1 TITLE	SD
NAME	8514 CASTLE CREEK DRIVE	2.2 NAME	Polly Easter
STREET ADDRESS	FORT WAYNE IN	2.3 STREET ADDRESS	500 Estero Blvd. #296
CITY - ST - ZIP		2.4 CITY - ST - ZIP	Ft. Myers Bch., FL 33931
TITLE	SD GRIESELING, JOHN	3.1 TITLE	PD
NAME	1900 E-HARBOR ROAD #201W	3.2 NAME	JOHN GRIESELING
STREET ADDRESS	PORT CLINTON OH	3.3 STREET ADDRESS	500 ESTERO BLVD #516
CITY - ST - ZIP		3.4 CITY - ST - ZIP	FT. MYERS Bch., FL 33931
TITLE	TD GIBBS, JOHN	4.1 TITLE	
NAME	401 E. TROPICAL WAY	4.2 NAME	
STREET ADDRESS	PLANTATION FL 33317	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	D STOCKMAN, ROGER	5.1 TITLE	
NAME	64 E. CARL SANDBURG DRIVE	5.2 NAME	
STREET ADDRESS	GALESBURG IL 61401	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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 <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ 1-23-98 941-463-7323

CR2E037 (10/97)