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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 741511

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/02/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1890622	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFE, RAYMOND	1.2 NAME	Richard Peters
STREET ADDRESS	1187 MARY LANE	1.3 STREET ADDRESS	8514 Castle Creek Dr
CITY-ST-ZIP	MIAMISBURG OH 45342	1.4 CITY-ST-ZIP	Forbwayne, TN 46804
TITLE	SD	2.1 TITLE	DAY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESTER, POLLY	2.2 NAME	Ronald Schaffer
STREET ADDRESS	500 ESTERO BLVD #596	2.3 STREET ADDRESS	500 Estero Blvd #696
CITY-ST-ZIP	FT MYERS BEACH FL 33931	2.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE	SD	3.1 TITLE	PO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIESELDING, JOHN	3.2 NAME	John Grieselding
STREET ADDRESS	Gateway Villa 596	3.3 STREET ADDRESS	500 Estero Blvd #596
CITY-ST-ZIP	500 Estero Blvd. Fort Myers Beach FL 33931	3.4 CITY-ST-ZIP	Fort Myers Beach, FL 33931
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOCKMAN, ROGER	4.2 NAME	
STREET ADDRESS	64 E. CARL SANDBURG DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	GALESBURG IL 61401	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ DATE: 1-15-99 DAYTIME PHONE #: 941-463-7323

CR2E037 (1/198)