

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 03, 2000 08:00 AM
Secretary of State

DOCUMENT # 741511

1. Entity Name
 GATEWAY VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business 500 ESTERO BLVD. FORT MYERS BEACH 33931	FL	Mailing Address PO BOX 6017 FT. MYERS BEACH 33932	FL
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State	City & State	4. FEI Number 59-1890622	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

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

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE **DOUGLAS G. SUITOR** DATE **03/03/2000**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	DAV	<input type="checkbox"/> Delete		TITLE	DS	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SCHAFER RONALD			NAME	SCHAFER RONALD		
STREET ADDRESS	500 ESTER BLVD 696			STREET ADDRESS	500 ESTER BLVD 696		
CITY-ST-ZIP	FT MYERS BCH FL 33931			CITY-ST-ZIP	FT MYERS BCH FL 33931		
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETERS RICHARD			NAME			
STREET ADDRESS	8514 CASTLE CREEK DR			STREET ADDRESS			
CITY-ST-ZIP	FT WAYNE MD 46804			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	STOCKMAN ROGER			NAME			
STREET ADDRESS	64 E. CARL SANDBURG DRIVE			STREET ADDRESS			
CITY-ST-ZIP	GALESBURG IL 61401			CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> Delete		TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIESELING, JOHN			NAME	GRIESELING, JOHN		
STREET ADDRESS	500 ESTERO BLVD #596			STREET ADDRESS	500 ESTERO BLVD #596		
CITY-ST-ZIP	FT MYERS BCH FL 33931			CITY-ST-ZIP	FT MYERS BCH FL 33931		
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ESTER POLLY			NAME			
STREET ADDRESS	500 ESTERO BLVD #596			STREET ADDRESS			
CITY-ST-ZIP	FT MYERS BEACH FL 33931			CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WOLFE RAYMOND			NAME			
STREET ADDRESS	1187 MARY LANE			STREET ADDRESS			
CITY-ST-ZIP	MIAMISBURG OH 45342			CITY-ST-ZIP			

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

DENISE CHAMBRE-ROWE, D
4560 ESTERO BLV. #501

FT. MYERS BEACH, FL 33931