

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90134 046 ****61.25

DOCUMENT # 741511

1. Entity Name

GATEWAY VILLAS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**500 ESTERO BLVD.
 FORT MYERS BEACH FL 33931**

**PO BOX 6017
 FT. MYERS BEACH FL 33932**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1890622

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
 NAME **WOLFE, RAYMOND**
 STREET ADDRESS **1187 MARY LANE**
 CITY-ST-ZIP **MIAMISBURG OH 45342**

TITLE ☐ Change ☒ Addition
 NAME **JOHN RENALDO**
 STREET ADDRESS **500 ESTERO BLVD #896**
 CITY-ST-ZIP **FT MYERS BCH, FL 33931**

TITLE **PD** ☐ Delete
 NAME **GRIESELING, JOHN**
 STREET ADDRESS **500 ESTERO BLVD #596**
 CITY-ST-ZIP **FT MYERS BCH FL 33931**

TITLE ☐ Change ☒ Addition
 NAME **FRED GIBSON**
 STREET ADDRESS **500 ESTERO BLVD #894**
 CITY-ST-ZIP **FT. MYERS BCH, FL 33931**

TITLE **VP** ☒ Delete
 NAME **PETERS, RICHARD**
 STREET ADDRESS **8514 CASTLE CREEK DR**
 CITY-ST-ZIP **FT WAYNE MD 46804**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** ☐ Delete
 NAME **SCHAFER, RONALD**
 STREET ADDRESS **500 ESTER BLVD 696**
 CITY-ST-ZIP **FT MYERS BCH FL 33931**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **CHAMBRE, DENISE**
 STREET ADDRESS **804 CAPE VIEW DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33919**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN GRIESELING Pres. 4/12/02 941-463-7323

Date

Daytime Phone #

CR2E037 (9/01)