

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # 753962

1. Entity Name
**AMERICAS' GATEWAY PARK PROPERTY OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**8880 NW 20 ST., SUITE E
MIAMI FL, 33172**

Mailing Address
**10165 NW 19 STREET
MIAMI, FL 33172 US**



03222005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-3574594

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**STRICKROOT, JOHN C
175 NW FIRST AVE.
MIAMI FL, FL 33128**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
POMARES, ANGELO
10165 NW 19 STREET
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**ASD
ALTMAN, STUART
10165 NW 19 STREET
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
EASTON, EDWARD W
10165 NW 19 STREET
MIAMI, FL 33172**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U00000305309
04/14/05-80078-009 70.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.

SIGNATURE: _____

Edward W. Easton

03/23/05

305-593-2222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #