

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 753962

FILED  
Apr 23, 2009  
Secretary of State

**Entity Name:** AMERICAS' GATEWAY PARK PROPERTY OWNERS ASSOCAITION, INC.

**Current Principal Place of Business:**

8880 NW 20 ST., SUITE E  
MIAMI FL, 33172

**New Principal Place of Business:**

8880 NW 20 ST., SUITE E  
MIAMI, FL 33172

**Current Mailing Address:**

10165 NW 19 STREET  
MIAMI, FL 33172 US

**New Mailing Address:**

8880 NW 20 ST., SUITE E  
MIAMI, FL 33172

**FEI Number:** 36-3574594

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

EASTON, EDWARD W  
10165 NW 19TH ST  
MIAMI, FL 33172 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: POMARES, ANGELO  
Address: 10165 BW 19 STREET  
City-St-Zip: MIAMI, FL 33172

Title: ASD ( ) Delete  
Name: ALTMAN, STUART  
Address: 10165 NW 19 STREET  
City-St-Zip: MIAMI, FL 33172

Title: PD ( ) Delete  
Name: EASTON, EDWARD W  
Address: 10165 NW 19 STREET  
City-St-Zip: MIAMI, FL 33172

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDWARD W. EASTON

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date