

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State

03-23-2007 90007 005 ****70.00

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1. Entity Name
GATEWAY WEST CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
~~LAND CAP PROPERTY SERVICES INC.~~
~~13800 SW 144 RD~~
~~MIAMI, FL 33186 US~~

Mailing Address
~~LAND CAP PROPERTY SERVICES INC.~~
~~13800 SW 144 AVE RD.~~
~~MIAMI, FL 33186 US~~



2. Principal Place of Business - No P.O. Box #
~~Harbor Management Services, Inc.~~
Suite, Apt. #, etc.
15600 SW 288 St. #406

3. Mailing Address
~~PO Box 924176~~
Suite, Apt. #, etc.

01042007 Chg-NP CR2E037 (12/06)

City & State
Homestead, FL 33033
Zip Country
US

City & State
Homestead, FL
Zip Country
33092 US

4. FEI Number
59-2046976
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~SUITS, STEPHEN~~
~~LAND CAP PROPERTY SERVICES INC.~~
~~13800 SW 144 RD~~
~~MIAMI, FL 33186~~

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. 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, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME FULTON, BOB
STREET ADDRESS 35303 SW 180 AVE 362
CITY-ST-ZIP HOMESTEAD, FL 33034

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

TITLE VP PRES ☒ Delete
NAME CARLSON, WAYNE
STREET ADDRESS 35303 SW 180 AVE 397
CITY-ST-ZIP HOMESTEAD, FL 33034

TITLE VP PRES ☒ Change ☐ Addition
NAME Carlson, Wayne
STREET ADDRESS 35303 S.W. 180th Ave. 395
CITY-ST-ZIP Homestead, FL 33034

TITLE SD ☐ Delete
NAME REILLY, JAMES
STREET ADDRESS 35303 SW 180 AVE 318
CITY-ST-ZIP HOMESTEAD, FL 33034

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

TITLE TD ☐ Delete
NAME REMOND, RON
STREET ADDRESS 35303 SW 180 AVE 313
CITY-ST-ZIP HOMESTEAD, FL 33034

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

TITLE SV ☐ Delete
NAME MORGAN, GLENN
STREET ADDRESS 35303 SW 180 AVE 324
CITY-ST-ZIP HOMESTEAD, FL 33034

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 exemptions contained 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 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:

JAMES C REILLY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/07
Date Daytime Phone #