

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 755545

FILED
Apr 17, 2009
Secretary of State

Entity Name: GATEWAY WEST CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

HARBOR MGMT SERVICE
15600 SW 288 ST #406
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 924176
HOMESTEAD, FL 33092 US

New Mailing Address:

FEI Number: 59-2046976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROGEL, DAVID H ESQ.
BECKER & POLIAKOFF, P.A.
121 ALHAMBRA PLAZA, 10TH FLOOR
CORAL GABLES, FL 33134 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: P () Delete
Name: MALLETTE, BILL
Address: 15600 SW 288 STREET, #406
City-St-Zip: HOMESTEAD, FL 33033

Title: SD () Delete
Name: REILLY, JAMES
Address: 15600 SW 288 STREET, #406
City-St-Zip: HOMESTEAD, FL 33033

Title: TD () Delete
Name: REDMOND, RON
Address: 15600 SW 288 STREET, #406
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: CARLSON, WAYNE
Address: 15600 SW 288 STREET, #406
City-St-Zip: HOMESTEAD, FL 33033

Title: D () Delete
Name: MORGAN, GLENN
Address: 15600 SW 288 STREET, #406
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REILLY, JAMES
Address: 35303 SW 180 AVENUE, #320
City-St-Zip: HOMESTEAD, FL 33034

Title: VP (X) Change () Addition
Name: BAKER, CHARLES
Address: 35303 SW 180 AVENUE, #302
City-St-Zip: HOMESTEAD, FL 33034

Title: S (X) Change () Addition
Name: CHAPEL, MARIE C
Address: 35303 SW 180 AVENUE, #345
City-St-Zip: HOMESTEAD, FL 33034

Title: T (X) Change () Addition
Name: MORGAN, GLENN
Address: 35303 SW 180 AVENUE, #324
City-St-Zip: HOMESTEAD, FL 33034

Title: D (X) Change () Addition
Name: OLDFIELD, JOHN
Address: 35303 SW 180 AVENUE, #398
City-St-Zip: HOMESTEAD, FL 33034

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: JAMES REILLY

P

04/17/2009

Electronic Signature of Signing Officer or Director

Date