


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State

01-25-2007 90039 034 ****61.25

| | | | |
|--|--|---|---|
| DOCUMENT # 756950 1. Entity Name GATEWAY BY THE BAY CONDOMINIUM ASSOCIATION, INC. | |  | |
| Principal Place of Business 3001 EXECUTIVE DR 260 CLEARWATER, FL 33762 | | Mailing Address 3001 EXECUTIVE DR 260 CLEARWATER, FL 33762 | |
| 2. Principal Place of Business - No P.O. Box # 696 1st Ave N | | 3. Mailing Address P.O. Box 729 | |
| Suite, Apt. #, etc. 102 | | Suite, Apt. #, etc. | |
| City & State St Petersburg FL | | City & State St Petersburg FL | |
| Zip 33701 | | Zip 33731 | |
| Country Pinellas | | Country Pinellas | |
| 4. FEI Number 59-2082555 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CONDOMINIUM ASSOCIATES 3001 EXECUTIVE DR 260 CLEARWATER, FL 33762 | | 7. Name and Address of New Registered Agent Name J. Erdman Street Address (P.O. Box Number is Not Acceptable) 696 1st Ave N Ste # 102 City St. Petersburg FL Zip Code 33701 | |
| 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 J. Erdman <i>J. Erdman</i> 1/18/07 <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>Registered Agent signature required when reinstating</small> <small>DATE</small> | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY - ST - ZIP | PD FORKE, DAVE 350 79TH AVE N #124 SAINT PETERSBURG, FL 33702 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | DIRECTOR GEORGE PIOLI 350 79TH AVE N, # 244 St. Petersburg, FL 33702 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD BLAKE, REX 350 79TH AVE N 344 ST. PETERSBURG, FL 33702 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | T |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD STEWART, LAURA 350 79TH AVE N 214 SAINT PETERSBURG, FL 33702 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | TD BOYLE, MICHAEL 350 79TH AVE N 234 SAINT PETERSBURG, FL 33702 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D FORKEN, DAVE 350 79TH AVE N 124 SAINT PETERSBURG, FL 33702 | TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD FOLKERS, DAN 350 79TH AVE N 224 SAINT PETERSBURG, FL 33702 | TITLE 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 118-07 <small>Date</small> <small>Daytime Phone #</small> | |

60006641



01082007 Chg-NP CR2E037 (12/06)