2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# N02000009722

Entity Name: GATEWAY CENTER OF DAYTONA BEACH OWNERS' ASSOCIATION INC.

Current Principal Place of Business:

1530 CORNERSTONE BLVD.
STE 100
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

PO BOX 10809
DAYTONA BEACH, FL 321200809

New Mailing Address:

FEI Number: 55-0811174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APGAR, ROBERT F
1530 CORNERSTONE BLVD. STE 100
DAYTONA BEACH, FL 32117 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: DV ( ) Delete
Name: MCMUNN, WILLIAM H
Address: 1530 CORNERSTONE BLVD. STE 100
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DV ( ) Delete
Name: GARN, TED
Address: 1530 CORNERSTONE BLVD STE 100
City-St-Zip: DAYTONA BEACH, FL 32117

Title: DST ( ) Delete
Name: CRISP, LINDA
Address: 1530 CORNERSTONE BLVD STE 100
City-St-Zip: DAYTONA BEACH, FL 32117

Title: AS ( ) Delete
Name: GARY, MARISA
Address: 1530 CORNERSTINE BLVD. STE. 100
City-St-Zip: DAYTONA BEACH, FL 32117

Title: P ( ) Delete
Name: MOOTHART, GARY
Address: 1530 CORNERSTONE BLVD STE 100
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: WINCHESTER, STEVE
Address: 1530 CORNERSTONE BLVD STE 100
City-St-Zip: DAYTONA BEACH, FL 32117

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: LINDA CRISP ST 02/25/2009

Electronic Signature of Signing Officer or Director — Date