2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 13, 2007 8:00 am Secretary of State DOCUMENT # N03000004041 04-13-2007 90161 042 ****61.25 THE GATEWAY CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 2574 S. VOLUSIA AVENUE 2574 S.VOLUSIA AVENUE ORANGE CITY, FL 32763 ORANGE CITY, FL 32763 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 2578 S. VOlusia and <u>9218 2</u> volusia (ine Suite, Apt. #, etc Suite, Apt. #, etc 04102007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 20-0451173 City & State Applied For $2^{\omega \overline{\alpha} \overline{\alpha} \overline{\alpha} \overline{\alpha}}$ zande Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. -dman WANAMAKER, JOHN /ar Street Address (P.O. Box Number is Not Acceptable) 2574 S. VOLUSIA AVE ORANGE CITY, FL 32763 Cike Jeans 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) 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Due by May 1, 2007 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE MGR TITLE Delete President ☐ Change Addition WANAMAKER, JOHN NAME Brad Tallman 2574 S. VOLUSIA AVE STREET ADDRESS STREET ADDRESS 2580 S. Volusia a CITY-ST-ZIP ORANGE CITY, FL 32763 CITY-ST-ZIP drange City TITLE ☐ Delete TiTLE □ Change ■ Addition 3041 BUAGESS NAME NAME 2576 S. Voltoi A Que STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KI 3276 ☐ Defete ☐ Change Addition Treasuret NAME Toni Erdman STREET ADDRESS STREET ADDRESS 2578 S. Volusia aug CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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, other like empowered.

IG DEFICER OR DIRECTOR

SIGNATURE: