

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90260 033 ****61.25

14009830



04262005 Chg-NP CR2E037 (10/03)

4. FEI Number
02-0716487
Applied For
Not Applicable

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

DOCUMENT # N04000000995
1. Entity Name
GATEWAY LAKES COMMERCE CENTER ASSOCIATION, INC.



Principal Place of Business
111 SE 8TH AVE, STE 1
FT LAUDERDALE, FL 33301

Mailing Address
111 SE 8TH AVE, STE 1
FT LAUDERDALE, FL 33301

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

6. Name and Address of Current Registered Agent
RYAN, ARCHIE J III
700 E DANIA BEACH BLVD
THIRD FLOOR
DANIA BEACH, FL 33004

7. Name and Address of New Registered Agent
Name Florida Trust Realty Inc.
Street Address (P.O. Box Number is Not Acceptable)
210 N. University Dr. #200
City Coral Springs FL Zip Code FL

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 *Robert J. DeFuria* 4/25/05
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, 2005

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 NAME STREET ADDRESS CITY - ST - ZIP	Troy Davidson - President <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Scott B. Davidson - V.P. <input type="checkbox"/> Delete 111 SE 8 Ave #1 St Lauderdale, Fl 33301 Sec 1	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Scott B. Davidson* SCOTT B. DAVIDSON 4/27/05 954-463-6992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #