2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 12, 2006 8:00 am Secretary of State

									04-12-200	5 900/2	009 ****	51.25
DOCUMENT # N0400000995 1. Entity Name GATEWAY LAKES COMMERCE CENTER ASSOCIATION, INC.							∛0ή4ρο₂					
111 SE 8TH AVE, STE 1 111				ng Address I SE 8TH AVE, STE LAUDERDALE, FL 3								
	Place of Busin			ailing Address								
200 d. Onwerst, Drug 21							.					
1 Suite 200 8.				Suite, Apt. #, etc.			04042006	Chg-NP	CR2E	E037 (11/05)	
City & State				City & States			(.	4. FEI Number Applied For 02-0716487 Not Applicable				
330	7,	Sounter F		3071	500	untry	<u> </u>		of Status Desired		\$8.75 A	dditional
	- 1	and Address of C						7. Name and	Address of Nev	Registere		
FLORIDA TRUST REALTY INC.						Name						
210 N UNI		DRIVE, #200				Street A	ddress (P.O. Box Numb	er is Not Accepta	ble)		
00.012.0		_										
						City				F	Zip Co	ode
8. The above	e named entity	submits this state	ment for the pur	pose of changing its	register	ed office o	r register	ed agent, or bo	th, in the State of	Florida. I a	ım familiar wit	h, and accept
		3										
SIGNATURE		or printed name of registe	ered agent and title if ap	oplicable. (NOT	E: Registere	nd Agent signat	ture required	I when reinstating)		DAΠ		
SIGNATURE	Signature, typed		ered agent and title if ap	T	<u> </u>		ture required					
SIGNATURE	Signature, typed	or printed name of registe e is \$61.25 lay 1, 2006	ered agent and title if ap	9. Election Car Trust Fund (mpaign F	inancing	ture required	\$5.00 May E Added to Fees	ie Fi	Make che	eck payable partment of	
SIGNATURE	Filing Fed Due by M	e is \$61.25 lay 1, 2006	ared agent and title if ag	9. Election Car Trust Fund 0	mpaign F	inancing		\$5.00 May B Added to Fees	FI ANGES TO OFFI	Make che orida Dep	ack payable partment of	State
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10. TITLE NAME	Filing February Modern National Property Modern National Property	o is \$61.25 lay 1, 2006 OFFICERS A	AND DIRECTORS	9. Election Car Trust Fund C	mpaign F Contribut 11. TITL NAW STRI	Financing lion. E	1000 1000 1000	\$5.00 May E Added to Fees ADDITIONS/CH HAMMAR 3 S.W.	ANGES TO OFFI	Make che orida Dep CERS AND	DIRECTORS Change	State IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Filing February M V DAVIDSO 111 SE 8 / FORT LAL	OFFICERS A N, SCOTT B AVE , #1 JDERDALE, FL	AND DIRECTORS	9. Election Car Trust Fund C	mpaign F Contribut 11. TITL NAM STRI CITY	E ADDRESS (-ST-ZIP	10 h	\$5.00 May E Added to Fees ADDITIONS/CH	RASTS (OTL STA	Make che corida Deporture AND	DIRECTORS Change	State IN 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing February M V DAVIDSO 111 SE 8 / FORT LAU P DAVIDSO	OFFICERS A N, SCOTT B AVE , #1 JDERDALE, FL N, TROY	AND DIRECTORS	9. Election Car Trust Fund C	TIPAIGN F Contribut 11. TITL NAW STRI CITY TITL NAW	E ADDRESS (-ST-ZIP	10 H	\$5.00 May E Added to Fees ADDITIONS/CH FA M. A 3 S.W. PACO P. D. ST.	ANGES TO OFFIL RAST? LOTE STA DEACH, PI DEACH, PI DAMER LOTE STO	Make che corida Deporter AND	DIRECTORS Change	State IN 10 Addition Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Filing Fee Due by M V DAVIDSO 111 SE 8 / FORT LAL P DAVIDSO 111 SE 8 /	OFFICERS A N, SCOTT B AVE , #1 JDERDALE, FL N, TROY	AND DIRECTORS	9. Election Car Trust Fund C	TITL NAM STRI CITY NAM STRI CITY TITL NAM STRI CITY	E ADDRESS (-ST-ZIP)	60 L 222 L 2	\$5.00 May E Added to Fees ADDITIONS/CH FA M A 3 S W PACO P 10 ST 15 S W	RASTS (OTL STA	Make che corida Deporter AND	DIRECTORS Change	State IN 10 Addition Addition
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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 of trustae 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #