2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-09-2007 90022 028 ****61.25 **DOCUMENT # N04000000995** GATEWAY LAKES COMMERCE CENTER ASSOCIATION, Ann12623 Principal Place of Business Mailing Address 210 N UNIVERSITY DR 210 N UNIVERSITY DR SUITE 200 SUITE 200 CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 3. Mailing Address 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. Suite, Apt. #, etc. 01252007 Chg-NP CR2E037 (12/06) 4. FEI Number 02-0716487 City & State City & State Applied For Not Applicable Zio Country Zip Country \$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 FLORIDA TRUST REALTY INC. 210 N UNIVERSITY DRIVE, #200 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS, FL City Zip Code 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2007 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ARASI, JOHN M NAME NAME STREET ADDRESS 3553 SW 10TH STREET STREET ADDRESS CITY-ST-7IP POMPANO BEACH, FL 33069 CITY-ST-7IP TITI F ☐ Delete TITLE Change ☐ Addition STORMEN BRIAN 3565 SW 10TH 8T STOAMER, BRIAN NAME NAME 3565 SW 10TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33069 CITY-ST-78 Pompado BEACH, FL 33069

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 suppliemental 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 inuspee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if charged, or on an attachinger with an address, will all other like empowered.

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FILED Feb 09, 2007 8:00 am