

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000995

FILED
Feb 03, 2009
Secretary of State

Entity Name: GATEWAY LAKES COMMERCE CENTER ASSOCIATION, INC.

Current Principal Place of Business:

210 N UNIVERSITY DR
SUITE 200
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

210 N UNIVERSITY DR
SUITE 200
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 02-0716487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA TRUST REALTY INC.
210 N UNIVERSITY DRIVE, #200
CORAL SPRINGS, FL US

Name and Address of New Registered Agent:

FLORIDA TRUST REALTY INC.
210 N UNIVERSITY DRIVE
SUITE 200
CORAL SPRINGS, FL US

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: _____

02/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARASI, JOHN M
Address: 3553 SW 10TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

Title: VPD () Delete
Name: STORMER, BRIAN
Address: 3565 SW 10TH ST
City-St-Zip: POMPANO BEACH, FL 33069

Title: SD () Delete
Name: GAGGIA, SANDRA
Address: 3557 SW 10TH STREET
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN ARASI

PD

02/03/2009

Electronic Signature of Signing Officer or Director

Date