

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011143

FILED  
Feb 12, 2009  
Secretary of State

**Entity Name:** GATEWAY PROFESSIONAL PLAZA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

5589 OKEECHOBEE BLVD., STE. 102  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

5589 OKEECHOBEE BLVD  
SUITE 102  
WEST PALM BEACH, FL 33417

**Current Mailing Address:**

5589 OKEECHOBEE BLVD., STE. 102  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

5589 OKEECHOBEE BLVD  
SUITE 102  
WEST PALM BEACH, FL 33417

FEI Number: 43-2090953

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CRANE, ROBERT L  
515 NORTH FLAGLER DRIVE 18TH FLOOR  
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: SISCA, CHARLES A  
Address: 5589 OKEECHOBEE BLVD., STE. 102  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: DVS ( ) Delete  
Name: SISCA, SHERRIE  
Address: 5589 OKEECHOBEE BLVD., STE. 102  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: CHARLES SISCA

DP

02/12/2009

Electronic Signature of Signing Officer or Director

Date