FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N09301

(5)

HEADQUARTERS AT GATEWAY LAKES BUSINESS PARK ASSOCIATION, INC.

Principal Place	of Business	Mailing Address			D SOURSTAND OUT DOLLD SUITE STATE BRIDE			
C/O SUNBEAM PROPERTIES. INC. 1401 79TH STREET CAUSEWAY NORTH MIAMI FL 33141		C/O SUNBEAM PROPERTIES. INC. 1401 79TH STREET CAUSEWAY NORTH MIAMI FL 33147-5341						
				3. Date Incorporated or Qualified 05/15/1985	3e. Date of Last F 04/01/19			
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-0270989	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		Additional equired		
City & State	9	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees	
Zip 24	Country 25	Zip	30 Cou	ıntry	This corporation has liability for Florida Statutes	intangible tax under s	s. 199.032,	
Z.:J	9. Name and Address of Current	<u>. </u>			10. Name and Address of New Re	gistered Agent		
				81 Name				
	F, ROGER TH STREET CAUSEWAY			82 Street A	ddress (P.O. Box Number is Not Acceptal	ole)	· · · · · · · · · · · · · · · · · · ·	
N. MIAMI FL 33141				83				
				84 City		FL 85 Zip	Code	
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	and 617.1508, Florida Statu of Florida. Such change was tions of, Section 617.0503, F	ites, the a authorize lorida Sta	bove-named of d by the corp- tutes.	corporation submits this statement for the poration's board of directors. I hereby acce	ourpose of changing pt the appointment as	lts registered s registered	
SIGNATURE .	Signature typed or printed name of registered agen	t and title if applicable. (NC	TE: Registere	d Agent signature r	equired when reinstating)	DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTO	RS IN 12	
TITLE	DP	☐ DELETE	1.1 T	ITLE		Change	Addition	
NAME	GOGGINS, JAMES G.		1.2 N	AME				
STREET ADDRESS	1401 79TH ST. CAUSEWAY		1.3 S	TREET ADDRESS				
DITY-ST-ZIP	n. Miami Fl		1.40	ITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 T	ITLE		☐ Change	☐ Addition	
NAME	ansin, andrew		2.2 N	AME				
STREET ADDRESS	1401 79TH ST. CAUSEWAY		2.3 \$	TREET ADORESS	•			
CITY-ST-ZIP	N. MIAMI FL		2.44	CITY-ST-ZIP				
TITLE	SD	☐ DELETE	3.1 7	ITLE		Change	Addition	
NAME	METCALF, ROGER		3.2 N	IAME				
STREET ADDRESS	1401 79TH ST. CAUSEWAY		3.3 9	TREET ADDRESS				
CITY - ST - ZIP	n. Miami Fl.		3.4.	CITY-ST-ZIP				
TITLE		DELETE	4.1 T	ITLE		Change	Addition	
NAME			4. 2	NAME				
STREET ADDRESS			4.3 9	TREET ADDRESS				
CITY-ST-ZIP			4.4 0	CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 T	TLE		L Change	Addition	
NAME			5.2 N	IAME				
STREET ADDRESS			5.3 9	TREET ADDRESS				
CITY-ST-ZIP			5.4 (CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 T	ITLE T		Change	Addition	
NAME			6.2 N	IAME -				
STREET ADDRESS			6.3 9	TREET ADDRESS				
CITY-ST-ZIP				CITY-ST-ZIP				
14. I do herel informatio I am an o appears i	by certify that the information supplied on indicated on this annual report or su fficer or director of the corporation or a n Block 12 or Block 13 if ananged, or	with this filing does not qua upplemental annual report is the receiver or trustee empo on an attachment with an ac-	lify for the true and weekd to	exemption at accurate and execute this re	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same leg- eport as required by Chapler 617, Florida	3s. I further certify that all effect as if made us Statutes; and that my	it the nder path; that name	

SIGNATURE:

GNATURE AND TYPEO OF PRINTED NAME OF SIGNING OFFICER OR D

13/97 305-795-3618

FILED

Feb 13 1997 8:00am

Secretary of State