2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2009
Secretary of State

DOCUMENT# N09301

Entity Name: HEADQUARTERS AT GATEWAY LAKES BUSINESS PARK ASSOCIATION, INC.

Current Principal Place of Business:

C/O FLORIDA TRUST REALTY, INC.
210 N UNIVERSITY DR, STE 200
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

C/O FLORIDA TRUST REALTY, INC.
210 N UNIVERSITY DR, STE 200
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 65-0270989 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARGENTI, ROBERT
C/O FLORIDA TRUST REALTY, INC.
210 N UNIVERSITY DR, STE 200
CORAL SPRINGS, FL 33071 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: P ( ) Delete
Name: DUNLEAVY, DAVID
Address: 210 N UNIVERSITY DRIVE, SUITE 212
City-St-Zip: CORAL SPRINGS, FL 33071

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

Title: ST ( ) Delete
Name: GOHREND, HAROLD
Address: 3400 GATEWAY DRIVE
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: DAVID DUNLEAVY P 02/03/2009

Electronic Signature of Signing Officer or Director — Date