

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12259** (0)

1. Corporation Name

GREENGATE "II" CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business	Mailing Address
8695 COLLEGE PKWY SUITE 301 FT. MYERS FL 33919 US	8695 COLLEGE PKWY SUITE 301 FT. MYERS FL 33919-4889 US

3. Date Incorporated or Qualified 11/25/1985	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0085939	Applied For Not Applicable
21	26		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28		
Zip	Country	Zip	Country
24	25	29	30
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERICKSON REALTY, INC., ERICKSON, DONALD
13300-23 SO. CLEVELAND AVE
FT. MYERS FL 44907

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8695 COLLEGE PKWY - STE 310
83	
84 City	FT. MYERS FL
85 Zip Code	33919

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	S.P. GARCIA PARRIS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INIGUEZ, MARGO	1.2 NAME	
STREET ADDRESS	13411 212 GATEWAY DR.	1.3 STREET ADDRESS	5861 WALDFIL LN
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS, FL 33919
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNAK, HENRY	2.2 NAME	
STREET ADDRESS	13411 277 GATEWAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILEWSKI, EUGENE	3.2 NAME	
STREET ADDRESS	13411 GATEWAY DR #222	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Margo Iniguez* **MARGO INIGUEZ** Secretary **1/7/97** **489-4863** (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0059696

CR2E037 (9/96)