2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
May 03, 2006 8:00 am
Secretary of State
04-07-2006 90043 048 ****61.25

DOCUMENT # N13579

1. Entity Name
GATEWAY OFFICE/TECH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
7400 S.W. 48 STREET MIAMI, FL 33155 US	PO BOX 830273 MIAMI, FL 33283-0273 US

66013890

03232006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-2798846
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SKRUD, INC.
201 ALHAMBRA DRIVE STE 1102
MIAMI, FL 33134

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	ANGEL, NELLO
STREET ADDRESS	7400 S.W. 48 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	D
NAME	LOPER, CLEVE
STREET ADDRESS	7400 S.W. 48 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	P
NAME	TORRES, JUAN
STREET ADDRESS	7400 S.W. 48 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	TD
NAME	PEREZ-ALONSO, DAMON G
STREET ADDRESS	7450 SW 48 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	SD
NAME	SUAREZ, FRANK
STREET ADDRESS	7430 SW 48 STREET
CITY-ST-ZIP	MIAMI, FL 33155
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4-10-06 (305) 666-1992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #