

FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16225 (7)
 1. Corporation Name
GATEHOUSE DOCK CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 120 ANCHOR DR KEY LARGO FL 33037 US	Mailing Address 100 ANCHOR DR #157 KEY LARGO FL 33037 US
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3. Date Incorporated or Qualified
08/06/1986

4. FEI Number
59-2713601

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	100 Anchor Drive #476
City & State 23	City & State 27
Key Largo, FL	Key Largo, FL
Zip 24	Country 25
33037	US

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

BLACK, JANE
100 ANCHOR DRIVE
#157
KEY LARGO FL 33037

10. Name and Address of New Registered Agent

81 Name Moss, Evelyn
82 Street Address (P.O. Box Number is Not Acceptable) 100 Anchor Drive #476
83
84 City Key Largo
85 Zip Code FL 33037

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 *Evelyn Moss* **Evelyn Moss** **4-27-98**
Signature, typed or printed name of registered agent, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WIESEMANN, ROBERT S 100 ANCHOR DRIVE #157 KEY LARGO FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
			PD Wiesemann, Robert S 100 Anchor Drive #476 Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EGAN, PATRICIA 100 ANCHOR DRIVE #157 KEY LARGO FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
			VD Egan, Patricia 100 Anchor Drive #476 Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHULTZE, EDWARD 100 ANCHOR DRIVE #157 KEY LARGO FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
			TD Schultze, Edward 100 Anchor Drive #476 Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLACK, JANE 100 ANCHOR DRIVE #157 KEY LARGO FL	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
			S Moss, Evelyn 100 Anchor Drive #476 Key Largo, FL 33037
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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: *Evelyn Moss* **Evelyn Moss** **4-27-98** **305367-3232**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (10/97)