

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 01, 1999 8:00 am**  
**Secretary of State**

05-01-1999 90042 023 \*\*\*\*61.25

0024863

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N16225**

1. Corporation Name  
**GATEHOUSE DOCK CONDOMINIUM ASSOCIATION, INC.**

465460 - 90042 - 23



Principal Place of Business  
 120 ANCHOR DR  
 KEY LARGO FL 33037  
 US

Mailing Address  
 100 ANCHOR DR  
 476  
 KEY LARGO FL 33037  
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/06/1986</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2713601</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>BLACK, JANE</b> <b>100 ANCHOR DRIVE</b> <b>#157</b> <b>KEY LARGO FL 33037</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83	120 Anchor Drive		
				84	City	FL	85
				Key Largo			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* DATE: **4-23-99**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD WIESEMAN, ROBERT S</b>	1.2 NAME	
STREET ADDRESS	<b>100 ANCHOR DR 476</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD EGAN, PATRICIA</b>	2.2 NAME	
STREET ADDRESS	<b>100 ANCHOR DR 476</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD SCHULTZE, EDWARD</b>	3.2 NAME	
STREET ADDRESS	<b>100 ANCHOR DR 476</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S MOSS, EVELYN</b>	4.2 NAME	
STREET ADDRESS	<b>100 ANCHOR DR 476</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KEY LARGO FL 33037</b>	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 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 registered 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**4-23-99 305 367-3232**

CR2E037 (11/98)