


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90010 040 ****61.25

DOCUMENT # N16225			
1. Entity Name GATEHOUSE DOCK CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 120 ANCHOR DR KEY LARGO FL 33037 US		Mailing Address 120 ANCHOR DRIVE KEY LARGO FL 33037 US	
2. Principal Place of Business - No P.O. Box # 10 Barracuda Lane		3. Mailing Address 10 Barracuda Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Key Largo, FL		City & State Key Largo, FL	
Zip 33037	Country USA	Zip 33037	Country USA
6. Name and Address of Current Registered Agent MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO FL 33037		7. Name and Address of New Registered Agent Name Moss, Evelyn Street Address (P.O. Box Number is Not Acceptable) 10 Barracuda Lane City Key Largo, FL Zip Code 33037	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLACKBURN, MARSH 120 ANCHOR DRIVE KEY LARGO FL 33037 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NOYES, BRADLEY 120 ANCHOR DRIVE KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Noyes, Bradley 10 Barracuda Lane Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MOSS, EVELYN 120 ANCHOR DRIVE KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Moss, Evelyn 10 Barracuda Lane Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORENZ, PETER 120 ANCHOR DR KEY LARGO FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Lorenz, Peter 10 Barracuda Lane Key Largo, FL 33037 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Evelyn Moss

Evelyn Moss

4/23/07

305-367-3232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #