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Jan 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N16370 (1)

1. Corporation Name  
GATEWAY CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
1530 THUMB POINT DRIVE  
FT. PIERCE FL 34949  
US

Mailing Address  
C/O SAMUEL T. VIVIANO  
1530 THUMB POINT DRIVE  
FT. PIERCE FL 34949-3567  
US

3. Date Incorporated or Qualified 08/14/1986  
3a. Date of Last Report 03/30/1996

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number 59-2786341  
Applied For Not Applicable

Suite, Apt. #, etc. 22

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

City & State 23

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

Zip 24 Country 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VIVIANO, SAMUEL T  
1530 THUMB POINT DRIVE  
FT. PIERCE FL 34949

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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	PTD	<input type="checkbox"/> DELETE
NAME	VIVIANO, SAMUEL T	
STREET ADDRESS	1530 THUMB POINT DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARTH, HAROLD	
STREET ADDRESS	1530 THUMB POINT DRIVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VIVIANO, SAMUEL T III	
STREET ADDRESS	1430 STEWART ROAD	
CITY-ST-ZIP	MCDONALD PA 15057	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 on an attachment with an address.

SIGNATURE: *[Signature]* DIRECTOR 1/9/97 412-926-3803  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070630

CR2E037 (9/96)