## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

•	GATE HOMEOWNERS AS	( )			
Principal Place	Mailing Address				
1811 CORAL GA		1811 CORAL GATE DRIVE			3. Date Incorporated or Qualified
Miami FL 33145 US		MIAMI FL 33145			10/23/1986
••					4. FEI Number Applied For
A. Debares Disease ( Our base		2a. Mailing Address			59-2928865 Not Applicable
2. Principal Place of Business		26			5. Certificate of Status Desired Section Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
2		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
23		28			Yes No
Zip	Country	Zip	Country	y	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes No
4	25		30		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
	9. Name and Address of Curre	n negistered Agent	81	Name	10. Hallo Bito Address of from Hogistonia Again.
AUGUSTOF	PACE CEVUAND		Ĺ	l	
	RGER, SEYMOUR RAL GATE DRIVE		82	Street A	Address (P.O. Box Number is Not Acceptable)
MIAMI FL			83	<del> </del>	
MINIMI FL	L 33143				
			84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	32 and 617,1508, Florida Statute	s, the abov	re-named	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the State of familiar with, and accept the oblid	e of Florida. Such change was at the street of Section 617 0503. Flor	uthorize <b>d b</b> rida Statute	y the corp	corporation submits this statement for the purpose of changing its registered coration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Seymore Nichtberger	IROA (	$\sim$	May 1	etaren Trees Novel 9 1998
	Signature, typed or printed name of registered ag		Registered Ag	ent signature	required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	ROBERT VALLEDOR		1.2 NAME		
STREET ADDRESS	3324 SW 20TH ST			T ADDRESS	
CITY-ST-ZIP	MAIMI FL	DELETE	1.4 CITY - 2.1 TITLE	ST-ZIP	☐ Change ☐ Addition
TITLE	SD CARRIDO ORAGE	□ beceit	2.1 TITLE 2.2 NAME	.	C official C production
NAME	GARRIDO, GRACE 3620 S.W. 20TH ST.			T ADDRESS	
STREET ADORESS	MIAMI FL		2.4 CITY-		·
CITY-ST-ZIP TITLE	VP VP	DELETE	3.1 TITLE	31-211	Change Addition
NAME	DORIS K SCHEER	_	3.2 NAME		
STREET ADDRESS	1840 CORAL GATE DR			T ADORESS	
CITY-ST-ZIP	MIAMI FL		3.4. DITY-	-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILMA DICK		4. 2 NAME	E	
STREET ADDRESS	1670 SW 32ND CT	•	4.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL	110.00	4.4 CITY -	ST-ZIP	
TITLE	TD	DELETE	5.1 TITLE		Change Addition
NAME	NICHTBERGER, SEYMOUR		5.2 NAME		
STREET ADDRESS	1811 CORAL GATE DRIVE		5.3 STREE	T ADDRESS	
CITY-ST-ZIP	MIAMI FL	"FT % 5, 5 c.	5.4 CITY-		Change Addition
TITLE		DELETE	6.1 TITLE		Li Charige Li Adoltion
NAME			6.2 NAME		
CTRCCT ADDRCCC	I		■ 63 STREE	T ADDRESS	1

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 chapted, or on an attachment with an address.

**FILED** 

Apr 14 1998 8:00am

Secretary of State