

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23122

FILED
Apr 14, 2009
Secretary of State

Entity Name: GATEWAY TO THE SEA HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

16105 N.E. 18TH AVE
NORTH MIAMI BEACH, FL 33162

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3273
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 65-0200406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RONES, VICTOR K
16105 N.E. 18TH AVE
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: KOWALSKI, ELIZABETH
Address: 33 GUMBO LIMBO AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: P () Delete
Name: PENA, BARBARA
Address: 31 GUMBO LIMBO AVENUE
City-St-Zip: KEY LARGO, FL 33037

Title: DVP () Delete
Name: KLINGENBERG, DEREK
Address: 7 MERIDIAN AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: BEENY, RICHARD
Address: 114 SO. DRIVE
City-St-Zip: KEY LARGO, FL 33034

Title: VP () Delete
Name: HERNANDEZ, LOURDES
Address: 17 LA COLORNA AVE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA PENA

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date