

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90161 048 ****61.25

DOCUMENT # N24720

1. Entity Name
GATEWAY GREENS COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**24301 WALDEN CENTER DR.
STE 300
BONITA SPRINGS, FL 34134 US**

Mailing Address
**24301 WALDEN CENTER DR.
STE 300
BONITA SPRINGS, FL 34134 US**

40077877



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01172006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number
65-0040944

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HASTINGS, VIVIAN
24301 WALDEN CENTER DRIVE
BONITA SPRINGS, FL 34134**

Name **Kramer-Triad Management Group, LLC**
Street Address (P.O. Box Number is Not Acceptable)
3050 N. Horseshoe Drive, Suite 275
City **Naples** FL Zip Code **34104**

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

DATE **4/20/06**

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **VD** ☒ Delete
NAME **GISLASON, ROBERT**
STREET ADDRESS **24301 WALDEN CENTER DR.**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **PD** ☒ Delete
NAME **MANT, RICK**
STREET ADDRESS **24301 WALDEN CENTER DRIVE**
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE **STD** ☒ Delete
NAME **KEITH, SYLVIA**
STREET ADDRESS **2020 CLUBHOUSE DRIVE**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** ☒ Delete
NAME **PROBE, LARRY**
STREET ADDRESS **12010 ROSEMOUNT DR.**
CITY-ST-ZIP **FT. MYERS, FL 33913**

TITLE **D** ☒ Delete
NAME **LORENZ, PAUL**
STREET ADDRESS **12032 BRASSIE BEND, UNIT 101**
CITY-ST-ZIP **FT. MYERS, FL 33913**

TITLE ☒ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Change ☐ Addition
NAME **Vince Sardo**
STREET ADDRESS **11670 Spoonbill Lane**
CITY-ST-ZIP **Ft. MYERS, FL 33913**

TITLE **Sec.** ☒ Change ☐ Addition
NAME **Adrian Pfeffer**
STREET ADDRESS **12540 Venicia Drive**
CITY-ST-ZIP **Ft. Myers, FL 33913**

TITLE **Tres.** ☒ Change ☐ Addition
NAME **George Wader**
STREET ADDRESS **12060 Fairway Pointe Lane**
CITY-ST-ZIP **Ft. Myers, FL 33913**

TITLE **D.** ☒ Change ☐ Addition
NAME **John Kostycz**
STREET ADDRESS **12061 Cypress Links Drive**
CITY-ST-ZIP **Ft. Myers, FL 33913**

TITLE **VD** ☒ Change ☐ Addition
NAME **Paul Lorenz**
STREET ADDRESS **12010 Rosemount Drive**
CITY-ST-ZIP **FT. MYERS, FL 33913**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: *Adrian Pfeffer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 April 2006 **235-0195**
Date Daytime Phone #