

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N25889	
1. Entity Name GATEWAY CONDOMINIUM OWNERS ASSOCIATION, INC.	

Principal Place of Business 44 COQUINA RIDGE WAY ORMOND BEACH, FL 32174 US	Mailing Address 44 COQUINA RIDGE WAY ORMOND BEACH, FL 32174 US
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DO NOT WRITE IN THIS SPACE



01312008 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2932859	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SOLTI, PETER R
44 COQUINA RIDGE WAY
ORMOND BEACH, FL 32174**

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

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

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SOLTI, PETER 44 COQUINA RIDGE WAY ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPOTTS, ROBERT J. 625 GATEPARK DRIVE DAYTONA BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SOLTI, DONNA 44 COQUINA RIDGE WAY ORMOND BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/23/06-80071-015 61.25

**DO NOT WRITE
IN THIS SPACE**

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: Donna Solti Donna Solti 2/8/06 386-677-6771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #