

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2007 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**



01052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2932859

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

U00000581429
01/10/07-80085-025 61.25

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOLTI, PETER
STREET ADDRESS 44 COQUINA RIDGE WAY
CITY-ST-ZIP ORMOND BEACH, FL

TITLE SD
NAME SPOTTS, ROBERT J.
STREET ADDRESS 825 GATEPARK DRIVE
CITY-ST-ZIP DAYTONA BEACH, FL

TITLE TD
NAME SOLTI, DONNA
STREET ADDRESS 44 COQUINA RIDGE WAY
CITY-ST-ZIP ORMOND BEACH, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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

Date

1/5/07

Daytime Phone #

386-677-6771