


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 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
DO NOT WRITE IN THIS SPACE		
		01162008 No Chg-NP CR2E037 (4/06)
4. FEI Number 59-2932859		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$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.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SPOTTS, ROBERT J. 825 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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: <u>Donna Solti</u> <u>Donna Solti</u>		1/16/08 : 386-677-6771