

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25889

FILED  
Jan 18, 2009  
Secretary of State

**Entity Name:** GATEWAY CONDOMINIUM OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

44 COQUINA RIDGE WAY  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

44 COQUINA RIDGE WAY  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

FEI Number: 59-2932859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOLTI, PETER R  
44 COQUINA RIDGE WAY  
ORMOND BEACH, FL 32174 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: PD ( ) Delete  
Name: SOLTI, PETER,  
Address: 44 COQUINA RIDGE WAY  
City-St-Zip: ORMOND BEACH, FL

Title: SD ( ) Delete  
Name: SPOTTS, ROBERT J.,  
Address: 825 GATEPARK DRIVE  
City-St-Zip: DAYTONA BEACH, FL

Title: TD ( ) Delete  
Name: SOLTI, DONNA,  
Address: 44 COQUINA RIDGE WAY  
City-St-Zip: ORMOND BEACH, FL

**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:

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: PETER R. SOLTI

PRES

01/18/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date