FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N32253

(9)

GREENGATE "VI" CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address									
8695 COLLEGE PKWY SUITE 301 FT MYERS FL 33919		8695 COLLEGE PKWY SUITE 301 FT MYERS FL 33919	SUITE 301						
US			US			3. Date Incorporated or Qualified 05/11/1989 3a. Date of Last Rep. 02/02/199			
2. Principar P	lace of Business	2a. Mailing Address 26	├			4. FEI Number 65-0130400	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27	<u> </u>			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State	— 1 ·		Election Campaign Financing Trust Fund Contribution	□ \$5.0	0 May Be		
Zip 24	Country Zip		-	Country		8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Co	29	30			di ini	Yes No		
	5. Hamo and Address Of Cl	unem negistered Agent		81	Name	10. Name and Address of New Re	gistered Agent		
ERICKSON, DONALD									
ERICKSON REALTY, INC.				62	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	23 S CLEVELAND AVE			83					
FI MYE	RS FL 33907			84	City		FL 85 Z	p Code	
11. Pursuant or register familiar wi	to the provisions of Sections 617, red agent, or both, in the State of th, and accept the obligations of,	0502 and 617.1508, Florida Statute Florida. Such change was authorize Section 617.0503, Florida Statutes	es, the abo	ve-na corpor	med corpora ation's board	ation submits this statement for the purp d of directors. Thereby accept the appoin	<i>:</i>	registered office Lagent. Lam	
SIGNATURE .	Signature, typed or printed hance of registered	··		7					
12.	OFFICERS AND DIRECTORS			Hegistered Agent signature required 13.		ADDITIONS/CHANGES TO OFFIC	DATE THE CAC	ADC INL 10	
TITLE	PD	FTTOFICE		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS		A CONTINUE OF PARCE OF TO OFFICE	Change	Addition	
NAME	SANDS, BILL 13311 GREENGATE 621 FT. MYERS FL		1.2 NA					Пиозиси	
STREET ADDRESS			1.3 ST						
CITY - ST - ZIP			1.4 CIT	1.4 CITY - ST - ZIP					
TULE			2.1 TII	2.1 TITLE			☐ Change	Addition	
NAME CERTA ADDRESS	PAISLEY, KEVIN		22 N						
STREET ADDRESS CITY-ST-ZIP	13311 GREENGATE, STE	: 628		23 STREET ADDRESS					
TITLE	FT. MYERS FL TD DELETE			2 4 CITY-ST-7IP 3.1 TITLE					
NAME	PADDISON, EMMETT			3.2 NAME			Change	Addition	
STREET ADDRESS	13311 GREENGATE 613		1		ODRESS				
CITY-ST-ZIP	ET MYCDO CI			3 3 STREET ADDRESS 3 4. City-St-Zip					
TITLE		DELETE 411				·	Change	Addition	
NAME			4 2 NA				onange	LI MOULIUIT	
STREET ADDRESS			4.3 ST	DA 1138	IDRESS				
CITY - ST - ZIP			4.4 C/T	Y-ST-	ZIP				
TIFLE		DELETE	5.1 TiTI	LE			☐ Change	Addition	
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 STF	REELT AD	ORESS				
CITY - ST - ZIP			5.4 CIT		ZIP				
TITLE		DELETE	6 1 TITU				Change	Addition	
NAME								i	
			6.2 NAI	ME				l	
STREET ADDRESS :			62 NAP 63 STP	REET AD	ľ				

certify that the information indicated on this annual report or supplemental annual 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 frustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

2-22-

(941)-481-0245