

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 11:01

DOCUMENT # N93000005286 (0)

1. Corporation Name

SILVER LAKES-GATEWAY, INC.

Principal Place of Business

700 N.W. 107 AVE
MIAMI FL 33172

Mailing Address

C/O LEE SIDE SERVICES
1192 FAIRWAY LAKES DRIVE
FORT MYERS FL 33913
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/22/1993

3a. Date of Last Report

08/19/1994

4. FBI Number

65-0508204

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WATSKY, MORRIS J
700 N.W. 107TH AVE.
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DP	GOENAGA, ARMANDO J	5245 BIG PINE WAY	FORT MYERS FL 33907
DV	KLINE, JULIE	5245 BIG PINE WAY	FORT MYERS FL
DST	SASLOE, JODI	5245 BIG PINE WAY	FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☒	☐
DV	SEALEY, JOE	5245 Big Pine Way #102	FORT MYERS, FL 33907		
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☒	☐
DST	KLINE, Julie	5245 Big Pine Way #102	FORT MYERS, FL 33907		
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	☐	☐
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 119.07(3)(b), Florida Statutes. I further 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 trustee 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/98

936-4663