## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



## **FILED** Feb 17 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State Secretary of State DIVISION OF CORPORATIONS

1998 **DOCUMENT #**1. Corporation Name N9500000109 (7) GKTW. INC. Principal Place of Business Mailing Address 210 SOUTH BASS ROAD 210 SOUTH BASS ROAD 3. Date incorporated or Qualified KISSIMMEE FL 34746 KISSIMMEE FL 34746 01/09/1995 4. FEI Number Applied For 59-3327385 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes K No 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HAMES, LAURENCE C Street Address (P.O. Box Number is Not Acceptable) 390 N. ORANGE AVE. 83 **SUITE 2500** ORLANDO FL 32801 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE CPD LANDWIRTH, HENRI NAME 12 NAME 5401 KIRKMAN RD. #300 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32819 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE NAME LANDWIRTH, PAMELA 2.2 NAME STREET ADDRESS 5401 KIRKMAN RD. #300 2.3 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819 2.4 CITY-ST-ZIP DELETE ☐ Change Addition 31 TITLE TITLE SALLEY, STEVE 32 NAME NAME 390 N. ORANGE AVE. #2500 STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32801 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition HAMLIN, RUSSELL J. NAME 4. 2 NAME 1051 WINDERLY PL. # 100 STREET ADDRESS 4.3 STREET ADDRESS MAITLAND FL 32751 CITY-ST-7IP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP Change Addition TITLE DELETE 6.1 TITLE NAME 62 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**