

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2007 8:00 am**  
**Secretary of State**

04-09-2007 90097 041 \*\*\*\*61.25

**DOCUMENT # N95000002741**

1. Entity Name  
**GATEWAY PALMS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business  
**8801 ABERDEEN DR  
BOYNTON BEACH, FL 33437**

Mailing Address  
**951 BROKEN SOUND PARKWAY  
STE 250  
BOCA RATON, FL 33487**

*40 First Source Mgmt*

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

*3200 N. Federal Hwy*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*Suite 121*

City & State

City & State

*Boca Raton FL*

Zip

Country

Zip

*33431*

Country

03232007 Chg-NP

CR2E037 (12/06)

4. FEI Number  
**65-0646134**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COMMUNITY ASSOCIATION SERVICE  
951 BROKEN SOUND PARKWAY  
#250  
BOCA RATON, FL 33487**

7. Name and Address of New Registered Agent

Name *First Source Mgmt. Inc.*

Street Address (P.O. Box Number is Not Acceptable)  
*3200 N. Federal Hwy*

*Suite 121*

City *Boca Raton*

**FL**

Zip Code  
*33431*

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*3/27/07*

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME **PD ECCLES, DONNA**  
STREET ADDRESS **8056 PALMGATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Delete  
NAME **VD ARONSON, DONNA**  
STREET ADDRESS **8241 PALM SAME R. RD**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☒ Delete  
NAME **TD PETERSON, CAHLOTTE**  
STREET ADDRESS **8044 PALM GATE DR.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☒ Delete  
NAME **D MEREMS, ELLIOT**  
STREET ADDRESS **8038 PALM GATE DRIVE**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☒ Delete  
NAME **SD RUFINO, STEVE**  
STREET ADDRESS **8182 PALM GATE DR**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

TITLE ☐ Delete  
NAME **TD PETERSON, CHARLOTTE**  
STREET ADDRESS **8044 PALM GATE DR.**  
CITY-ST-ZIP **BOYNTON BEACH, FL 33436**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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:

*Donna Eccles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/7/07*  
Date

*740-2053*  
Daytime Phone #