

**2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Sep 12, 2007**  
**Secretary of State**

DOCUMENT# N95000002741

**Entity Name:** GATEWAY PALMS HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**8801 ABERDEEN DR  
BOYNTON BEACH, FL 33437**New Principal Place of Business:****Current Mailing Address:**C/O FIRST SOURCE MGMT  
3200 N FEDERAL HWY SUITE 121  
BOCA RATON, FL 33431**New Mailing Address:**C/O BANYAN PROPERTY MANAGEMENT, INC  
2328 S CONGRESS AVE 1C  
WEST PALM BEACH, FL 33406**FEI Number:** 65-0646134**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**FIRST SOURCE MGMT INC  
3200 N FEDERAL HWY  
#121  
BOCA RATON, FL 33431 US**Name and Address of New Registered Agent:**SACHS & SAX  
301 YAMATO RD  
SUITE 4150  
BOCA RATON, FL 33431 US

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: SACHS &amp; SAX

09/12/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** ECCELES, DONNA  
**Address:** 8056 PALMGATE DRIVE  
**City-St-Zip:** BOYNTON BEACH, FL 33436**Title:** VD ( ) Delete  
**Name:** ARONSON, DANNA  
**Address:** 8241 PALM SAME R RD  
**City-St-Zip:** BOYNTON BEACH, FL 33436**Title:** TD ( ) Delete  
**Name:** PETERSON, CHARLOTTE  
**Address:** 8044 PALM GATE DR.  
**City-St-Zip:** BOYNTON BEACH, FL 33436**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: DONNA ECCLES

PD

09/12/2007

Electronic Signature of Signing Officer or Director

Date