


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90072 048 ****61.25

DOCUMENT # N96000004201 1. Entity Name GATEWAY COMMONS PROPERTY OWNERS' ASSOCIATION, INC.					
Principal Place of Business 7925 SOUTH PARK LACE ORLANDO, FL 32819			Mailing Address 7925 SOUTH PARK LACE ORLANDO, FL 32819		
2. Principal Place of Business - No P.O. Box # 7925 SOUTH PARK PLACE		3. Mailing Address 7925 SOUTH PARK PLACE			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State ORLANDO, FL		City & State ORLANDO, FL		4. FEI Number NOT APPLICABLE	
Zip 32819		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEARS, WENDELL E 7925 SOUTH PARK PLACE ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name SPEARS, RAMONA A. Street Address (P.O. Box Number is Not Acceptable) 7925 S. PARK PLACE City ORLANDO FL Zip Code 32819			
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 <u><i>Ramona A. Spears</i></u> 3/23/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPEARS, W E <input type="checkbox"/> Delete 7925 SOUTH PARK PLACE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SPEARS, RAMONA A. 7925 S. PARK PLACE ORLANDO, FL 32819	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SPEARS, MICHAEL D <input type="checkbox"/> Delete 581 SYLVAN DRIVE WINTER PARK, FL 32781		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SPEARS, RAMONA A <input type="checkbox"/> Delete 7925 SOUTH PARK PLACE ORLANDO, FL 32819		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Ramona A. Spears</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/23/07 <small>Date Daytime Phone #</small>		