## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # N99000002945

GATEWAY OFFICE PARK CONDOMINIUM ASSOCIATION, INC.



411003000 Principal Place of Business Mailing Address 1314 E VENICE AVENUE 1314 E VENICE AVENUE STE E STE E VENICE, FL 34285 VENICE, FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01112006 CR2E037 (11/05) 4. FEI Number 65-0919910 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, WAYNE C Street Address (P.O. Box Number is Not Acceptable) 1314 E VENICE AVENUE STE E VENICE, FL 34285 City Zip Code 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 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to Due by May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11 DP Delete TITLE ☐ Addition TITI F ☐ Channe ANDERSON, ROBERT C NAME NAME STREET ADDRESS STREET ADDRESS 1314 E VENICE AVE STEE CITY-ST-ZIP VENICE, FL 34285 C!TY-ST-ZIP SDVT TITLE ☐ Delete TITLE Change ☐ Addition HALL, WAYNE C NAME NAME 1314 E VENICE AVE STE E STREET ADDRESS STREET ADDRESS CITY+ST-ZIP VENICE, FL 34285 CITY-ST-ZIP X Change ☐ Delete TITLE ☐ Addition TITLE MOSELEY, W P MOSELEY, W P NAME NAME 612 VALENCIA ROAD 608 VALENCIA ROAD STREET ADDRESS STREET ADDRESS VENICE, FL 34285 CITY+ST-ZIP CITY-ST-ZIP VENICE, FL 34285 TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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, withfall other like empowered.

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Detete

☐ Detete

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GY1-480-09B

☐ Change

☐ Change

☐ Addition

☐ Addition

FILED Jan 17, 2006 8:00 am

**Secretary of State** 01-17-2006 90255 043 \*\*\*\*61.25