

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000013194 (5)**

1. Corporation Name

**GATEWAY BOULEVARD ASSOCIATES, INC.**



Principal Place of Business

**11691 GATEWAY BLVD.  
FORT MYERS FL 33913**

Mailing Address

**801 LAUREL OAK DR  
SUITE 500  
NAPLES FL 33963  
US**

3. Date Incorporated or Qualified  
**12/21/1992**

3a. Date of Last Report  
**05/16/1995**

2. Principal Place of Business

2a. Mailing Address

21 **801 Laurel Oak Drive**

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 500**

27

City & State

City & State

23 **Naples, FL**

28

Zip

Country

Zip

Country

24 **33963**

25 **USA**

29

30

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DORAGH, PETER  
801 LAUREL OAK DR  
SUITE 500  
NAPLES FL 33963**

81 Name **Vivien N. Hastings**

82 Street Address (P.O. Box Number is Not Acceptable)

**801 Laurel Oak Drive**

83 **Suite 500**

84 City **Naples**

FL

85 Zip Code  
**33963**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

*Vivien N. Hastings*  
Signature, typed or printed name of registered agent and title, if applicable

**Vivien N. Hastings, Secretary**

**4/18/96**

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	KOSTE, B R	
STREET ADDRESS	801 LAUREL OAK DR., SUITE 500	
CITY- ST- ZIP	NAPLES FL 33963	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SCHMOYER, JH	
STREET ADDRESS	11691 GATEWAY BLVD	
CITY- ST- ZIP	FORT MYERS FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	FIVERA, C A	
STREET ADDRESS	11691 GATEWAY BLVD	
CITY- ST- ZIP	FORT MYERS FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	DORAGH, P. D.	
STREET ADDRESS	801 LAUREL OAK DR 500	
CITY- ST- ZIP	NAPLES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FAUST, R E	
STREET ADDRESS	801 LAUREL OAK DR #500	
CITY- ST- ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. 1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Whitney, S. R.	
13 STREET ADDRESS	801 Laurel Oak Drive, Suite 500	
14 CITY- ST- ZIP	Naples, FL 33963	
2. 1 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Schmoyer, J. H.	
23 STREET ADDRESS	801 Laurel Oak Drive, Suite 500	
24 CITY- ST- ZIP	Naples, FL 33963	
3. 1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Rivera, C. A.	
33 STREET ADDRESS	801 Laurel Oak Drive, Suite 500	
34 CITY- ST- ZIP	Naples, FL 33963	
4. 1 TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Hastings, V. N.	
43 STREET ADDRESS	801 Laurel Oak Drive, Suite 500	
44 CITY- ST- ZIP	Naples, FL 33963	
5. 1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Carlson, A. J.	
53 STREET ADDRESS	801 Laurel Oak Drive, Suite 500	
54 CITY- ST- ZIP	Naples, FL 33963	
6. 1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY- ST- ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/18/96 (941) 597-6061**

DATE

Daytime Phone #

CR2E034 (12/95)