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Mar 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P92000013194 (5)

1. Corporation Name  
GATEWAY BOULEVARD ASSOCIATES, INC.

Principal Place of Business  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 33963  
US

Mailing Address  
801 LAUREL OAK DR  
SUITE 500  
NAPLES FL 34108-2764  
US

3. Date Incorporated or Qualified  
12/21/1992

3a. Date of Last Report  
04/26/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0377429

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23 Zip  
34108

Country

28 Zip  
34108

Country

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

VIVIAN N. HASTINGS  
801 LAUREL OAK DRIVE  
SUITE 500  
NAPLES FL 33963

81 Name

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

83

84 City

FL 85 Zip Code  
34108

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

Signature of the person changing of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE V ☐ DELETE  
NAME WHITNEY, S. R.  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY - ST - ZIP NAPLES FL

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE DP ☐ DELETE  
NAME SCHMOYER, JH  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY - ST - ZIP FORT MYERS FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE T ☒ DELETE  
NAME RIVERA, C A  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY - ST - ZIP NAPLES FL

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE DS ☐ DELETE  
NAME HASTINGS, V. N.  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY - ST - ZIP NAPLES FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE D ☐ DELETE  
NAME CARLSON, A. J.  
STREET ADDRESS 801 LAUREL OAK DRIVE, SUITE 500  
CITY - ST - ZIP NAPLES FL

5.1 TITLE D/T ☒ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Vivian N. Hastings, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/97 (941) 597-6061

Date Daytime Phone

CR2E034 (9/96)