FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000069184 (6)

1. Corporation Name
GATEWAY COMMUNITIES, INC.

Principal Place of Business	Mailing Address
801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108 US	801 LAUREL OAK DRIVE SUITE 500 NAPLES FL 34108 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 24301 Walden Center Drive	26 24301 Walden Center Drive
Suite, Apt #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 300
City & State 23 Bonita Springs, FL	City & State 28 Bonita Springs, FL
Zip 24 34134 / Country 25 USA	Zip 29 34134 / Country 30 USA

3. Date Incorporated or Qualified: 09/07/1995

4. FEI Number: 59-2167649 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes ☐ No

9. Name and Address of Current Registered Agent

HASTINGS, VIVIEN H
801 LAUREL OAK DRIVE
SUITE 500
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name Vivien N. Hastings
82 Street Address (P.O. Box Number is Not Acceptable) 24301 Walden Center Drive
83 Suite 300
84 City Bonita Springs FL 85 Zip Code 34134

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] DATE 2/11/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	[X] Change ☐ Addition
NAME	JH SCHMOYER		1.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE 500		1.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	DS	☐ DELETE	2.1 TITLE	[X] Change ☐ Addition
NAME	HASTINGS, V. N		2.2 NAME	
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500		2.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	DT	[X] DELETE	3.1 TITLE	DV ☐ Change [X] Addition
NAME	CARLSON, A. J		3.2 NAME	Katherine C. Green
STREET ADDRESS	801 LAUREL OAK DRIVE, SUITE 500		3.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE	V	[X] DELETE	4.1 TITLE	T ☐ Change [X] Addition
NAME	SR WHITNEY		4.2 NAME	Steven C. Adelman
STREET ADDRESS	801 LAUREL OAK DRIVE 500		4.3 STREET ADDRESS	24301 Walden Center Drive
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP	Bonita Springs, FL
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (10/97)

14. I 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: Vivien N. Hastings, Secretary [signature] 2/11/98 (941) 947-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #