## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## DOCUMENT # P95000069184

1. Entity Name

GATÉWAY COMMUNITIES, INC.



Principal Place of Business

24301 WALDEN CENTER DRIVE

STE 300

BONITA SPRINGS, FL 34134 US

Mailing Address

24301 WALDEN CENTER DRIVE

STE 300

BONITA SPRINGS, FL 34134 · US

## FILED May 01, 2007 8:00 am Secretary of State

05-01-2007 90005 017 \*\*\*150.00

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2167649

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE STE 300 BONITA SPRINGS, FL 34134

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the obligations of registered agent.								
SIGNATURE_	Signature, typed or printed name of registered agent and title if a	applicable (NOTF: Benistered	Agent signature required when reinstating)	ח	ATE			
	Signature, typed of printed hand of regulation agent and the in-	ppicable. (No.E registeres	, , , , , , , , , , , , , , , , , , ,	<u></u>				
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	<ol> <li>Election Campaign Finan- Trust Fund Contribution.</li> </ol>	cing \$5.00 May Be Added to Fees					
10.	OFFICERS AND DIRECT	ORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT SCHEIDEMANN, ERNEST J 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HASTINGS, VIVIEN N 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS CULLEN, JAMES D 24301 WALDEN CENTER DRIVE BONITA SPRINGS, FL 34134		DO	NOT WRI	TE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPACE	SE			
TITLE NAME STREET ADORESS CITY-ST-ZIP								
TITLE		ļ			CO Peril de la la libraria III. I			

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 607, 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:

STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/24/07

239 49 88 844

Daytime Phone #