I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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
above, or on an attachment with all other like empowered.

PD

#### SIGNATURE: EDWARD EASTON

Electronic Signature of Signing Officer/Director Detail

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.

	Electronic Signature of Registered Agent			
Officer/Director Detail :				
Title	PD	Title	VPTD	
Name	EASTON, EDWARD W	Name	RICE, MICHAEL	
Address	10165 NW 19TH STREET	Address	10165 NW 19TH STREET	
City-State-Zip:	MIAMI FL 33172	City-State-Zip:	MIAMI FL 33172	
Title	SD			

Name and Address of Current Registered Agent:

EASTON, EDWARD J

City-State-Zip: MIAMI FL 33172

10165 NW 19TH STREET

EASTON, EDWARD W 10165 NW 19TH STREET MIAMI, FL 33172 US

SIGNATURE:

Name

Address

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000012900

## Entity Name: GATEWAY OFFICE CONDOMINIUM ASSOCIATION, INC.

## **Current Principal Place of Business:**

10165 NW 19TH STREET MIAMI, FL 33172

### **Current Mailing Address:**

10165 NW 19TH STREET MIAMI, FL 33172

### FEI Number: 20-8353360

# Certificate of Status Desired: No

04/25/2022

## FILED Apr 25, 2022 Secretary of State 4799307457CC

Date

Date