

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # 770846 (4)  
1. Corporation Name  
GULF GATE GARDENS CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O DIANA HURST  
6604 MIDNIGHT PASS RD.  
SARASOTA FL 34242  
USC/O DIANA HURST  
6604 MIDNIGHT PASS RD.  
SARASOTA FL 34242-2509  
US3. Date Incorporated or Qualified  
10/20/19833a. Date of Last Report  
02/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2520789

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

HURST, DIANA  
6604 MIDNIGHT PASS RD  
SARASOTA FL 34242

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name 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 D ☐ DELETE  
NAME BISHOP, BARBARA  
STREET ADDRESS 7243 CLOISTER DR  
CITY-ST-ZIP SARASOTA FL1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE S ☐ DELETE  
NAME KULAR, ANDREW  
STREET ADDRESS 7225 CLOISTER DR  
CITY-ST-ZIP SARASOTA FL2.1 TITLE D ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE D ☒ DELETE  
NAME BRADY, LUCILLE  
STREET ADDRESS 7283 CLOISTER DR  
CITY-ST-ZIP SARASOTA FL3.1 TITLE D ☐ Change ☒ Addition  
3.2 NAME YATSKO, RONALD  
3.3 STREET ADDRESS 7267 CLOISTER  
3.4 CITY-ST-ZIP SARASOTA, FL 34231TITLE PT ☐ DELETE  
NAME WHETZEL, SUE  
STREET ADDRESS 7271 CLOISTER DR  
CITY-ST-ZIP SARASOTA FL4.1 TITLE D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE S ☐ Change ☒ Addition  
5.2 NAME TAMBORINE GRACE  
5.3 STREET ADDRESS 7221 CLOISTER DR.  
5.4 CITY-ST-ZIP SARASOTA, FL 34231TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE T ☐ Change ☒ Addition  
6.2 NAME PETERSON, RAYMOND  
6.3 STREET ADDRESS 7287 CLOISTER DR.  
6.4 CITY-ST-ZIP SARASOTA, FL 34231

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/97 941-933-0902  
Date Daytime Phone # 0063889

CR2E037 (9/96)