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**Mar 01, 1999 8:00 am**  
**Secretary of State**

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770846**

1. Corporation Name

**GULF GATE GARDENS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

C/O DIANA HURST  
 6604 MIDNIGHT PASS RD.  
 SARASOTA FL 34242 34276  
 US

Mailing Address

C/O DIANA HURST  
 6604 MIDNIGHT PASS RD.  
 SARASOTA FL 34242 34276  
 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <u>S. Diana Hurst</u>	26 <u>S. Diana Hurst</u>	10/20/1983
22 <u>3121 Mohawk ST</u>	27 <u>PO Box 17306</u>	4. FEI Number <u>59-2520789</u>
23 <u>Sarasota, FL</u>	28 <u>Sarasota, FL</u>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 <u>34276</u> 25 <u>US</u>	29 <u>34276</u> 30 <u>US</u>	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HURST, DIANA  
 6604 MIDNIGHT PASS RD  
 SARASOTA FL 34242 34276

10. Name and Address of New Registered Agent

81 Name <u>Diana Hurst</u>
82 Street Address (P.O. Box Number is Not Acceptable) <u>3121 Mohawk ST</u>
83
84 City <u>Sarasota</u> FL 85 Zip Code <u>34231</u>

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 Diana Hurst  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BISHOP, BARBARA	1.2 NAME	FRIMBERGER, USHI
STREET ADDRESS	7243 CLOISTER DR	1.3 STREET ADDRESS	2974 57th ST
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34243
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FASAMEHHL, RICHARD	2.2 NAME	FASANELLI, RICHARD
STREET ADDRESS	5538 DINAH LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAMBOURTINE, GRACE	3.2 NAME	Whetzel Sue
STREET ADDRESS	7221 CLOISTER DRIVE	3.3 STREET ADDRESS	7271 CLOISTER DR
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, RAYMOND	4.2 NAME	RAYMOND PETERSON
STREET ADDRESS	7287 CLOISTER DRIVE	4.3 STREET ADDRESS	7287 CLOISTER DR
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Bosch Carmel
STREET ADDRESS		5.3 STREET ADDRESS	7277 Cloister Dr
CITY-ST-ZIP		5.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Bosch Ferdinand
STREET ADDRESS		6.3 STREET ADDRESS	7277 Cloister Dr
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SARASOTA FL 34231

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

SIGNATURE: Raymond Peterson **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)