

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 770846**

1. Entity Name

**GULF GATE GARDENS CONDOMINIUM ASSOCIATION, INC.****FILED****Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90196 045 \*\*\*\*61.25

Principal Place of Business

Mailing Address

**C/O DIANA HURST  
3121 MOHAWK ST  
SARASOTA FL 34276  
US****C/O DIANA HURST  
PO BOX 17306  
SARASOTA FL 34276  
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-2520789**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HURST, DIANA  
3121 MOHAWK ST  
SARASOTA FL 34231**

Name

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

City

**FL**

Zip Code

8. 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DT	<input type="checkbox"/> Delete
NAME	FRIMBERGER, USHI	
STREET ADDRESS	2974 57TH ST	
CITY-ST-ZIP	SARASOTA FL 32443	
TITLE	DP	<input type="checkbox"/> Delete
NAME	WHETZEL, SUE	
STREET ADDRESS	7271 CLOISTER DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DVP	<input checked="" type="checkbox"/> Delete
NAME	KNOWLES, CALVIN	
STREET ADDRESS	7247-C CLOISTER DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WOHLFEIL, BRET	
STREET ADDRESS	7283 CLOISTER DR	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BOSCH, FERDINAND	
STREET ADDRESS	7277 CLOISTER DRIVE	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Fernando Ruiz-Bosch	
STREET ADDRESS	7277 CLOISTER DR	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE HARRIS	
STREET ADDRESS	6371 Ravenwood Ct	
CITY-ST-ZIP	SARASOTA, FL 34243	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 617, 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-02

CR2E037 (9/01)