


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90074 026 ****61.25

DOCUMENT # 770846 1. Entity Name GULF GATE GARDENS CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business C/O DIANA HURST 3121 MOHAWK ST SARASOTA, FL 34276 US			Mailing Address C/O DIANA HURST PO BOX 17306 SARASOTA, FL 34276 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 59-2520789				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURST, DIANA 3121 MOHAWK ST SARASOTA, FL 34231			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DST FRIMBERGER, USHI		TITLE	DST Toni Sheppard	
NAME	2974 57TH ST		NAME	2222 Cloister Dr	
STREET ADDRESS	SARASOTA, FL 32443		STREET ADDRESS	Sarasota, FL 34231	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D		TITLE		
NAME	WHETZEL, SUE		NAME		
STREET ADDRESS	7271 CLOISTER DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	DP		TITLE		
NAME	RUIZ-BOSCH, FERNANDO		NAME		
STREET ADDRESS	7277 CLOISTER DR		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34231		CITY-ST-ZIP		
TITLE	D		TITLE	DS	
NAME	WHITNEY, JULIE		NAME	L Brooke & F Simpson	
STREET ADDRESS	2219 CALVSA LAKES BLVD		STREET ADDRESS	7201 Cloister Dr	
CITY-ST-ZIP	NOKOMIS, FL 34275		CITY-ST-ZIP	Sarasota, FL 34231	
TITLE	DV		TITLE		
NAME	MANDRICH, TAMARA		NAME		
STREET ADDRESS	5855 MIDNIGHT PASS RD		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34242		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Fernando Ruiz-Bosch</i> - Fernando Ruiz-Bosch - Pres. 2/27/06 (941) 924-8154					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					