

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N06615** (1)
1. Corporation Name
GULF GATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: % LAWRENCE M HANKIN, 6128 S TAMiami TR, SARASOTA FL 34231
Mailing Address: % LAWRENCE M HANKIN, 6128 S TAMiami TR, SARASOTA FL 34231

3. Date Incorporated or Qualified: 12/12/1984
3a. Date of Last Report: 01/23/1995

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)
4. FEI Number (59-2817872) Applied For (Not Applicable)
5. Certificate of Status Desired (8.75 Additional Fee Required)
6. Election Campaign Financing (5.00 May Be Added to Fees)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes (Yes/No)

9. Name and Address of Current Registered Agent: HANKIN, LAWRENCE M, 6128 S TAMiami TR, SARASOTA FL 34231
10. Name and Address of New Registered Agent: (81) Name, (82) Street Address, (83), (84) City, (85) Zip Code (FL)

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 officer 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: HANKIN, LAWRENCE M (4/3/96)
Signature, typed or printed name of registered agent and title if applicable. (Typed Registered Agent signature required when re-submitting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWARTZBAUM, LEONARD R	1.2 NAME	
STREET ADDRESS	6128 S. TAMiami TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANKIN, LAWRENCE M	2.2 NAME	
STREET ADDRESS	100 N PINEAPPLE AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	TRD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVENBERG, L.	3.2 NAME	
STREET ADDRESS	6128 S TAMiami TR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: [Signature] (4/3/96) 941-922-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)