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NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N06615 DOCUMENT #

(1)

GULF GATE MEDICAL CENTER CONDOMINIUM ASSOCIATION

, INC					
incipal Place of	Business	Mailing Address	···		
6 LAWRENCE I		% LAWRENCE M HANK	(IN		
6128 S TAMIAMI TR SARASOTA FL 34231		6128 S TAMIAMI TR SARASOTA FL 34231		2 Date of Last Benot	
***************************************				3. Date Incorporated or Qualified 12/12/1984	3a. Date of Last Report 01/23/1995
Principal Plac	o of Rusiness	2a. Mailing Address		4. FEI Number 59-2817872	Applied For
Риноранта о	e OLDOSITIESS	26		59-281/8/2	Not Applicable
Suite, Apt. #.	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		Election Campaign Financing	\$5.00 May Be
City & State		28		Trust Fund Contribution	Added to Fees
Zip	Country	Ziti	Country	B. This corporation has liability for in	itangible tax under s. 199.032.
	25	29	30	Florida Statutes L 10. Name and Address of New Re	Yes M.No
	9. Name and Address of Curre	nt Registered Agent	81 Name	TO. Name and Address of Not A	-gioterio de vigorio
T CANDON I	ANDENCE M		1-1	ress (P.O. Box Number is Not Acceptable	e)
	LAWRENCE M AMIAMI TR		82 Street Add	ress (P.O. Box Number is Not Acceptable	o)
	A FL 34231		83		•
Ora Proof	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		84 City		85 Zip Code
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ration submits this statement for the purp ard of directors. I hereby accept the appo	FL C
SNATURE	HANKIN, LAW	at and that it arms able	girty. Respetende Agent signature require	ed when reinstating)	DATE
GNATURE _	property types or printed owns of regeleters are	nil and little if applicable.	iCht. Registered Agent signature require	ed wher renstaing)	DATE
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