FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

26 6130 S TAMIAMI TRAIL

1999

DOCUMENT # NO6615

1. Corporation Name
Gulf Gate Medical Center Condominium
Association, Inc.

Principal Place of Business

2. Principal Place of Business

21

Mailing Address

2a. Mailing Address

6128 S TAMIAMI TRAIL SARASOTA FL 34231

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90071 006 ****61.25

941) 922 - 1565



3. Date Incorporated or Qualifed 12/12/1984

Suite, Apt. #, etc. Suite, Apt.	Suite, Apt. #, etc.		4. FEI Number	Appl	lied For	
22	27		59-2817872	Not /	Not Applicable	
City & State City & State 28 SARA			5. Certifcate of Status Desired	\$8.75 Ad Fee Requ		
Zip Country Zip	Cour	ntry	6. Election Campaign Financing	\$5,00 м	lav Be	
24 25 29 3423	3 / 30	USA	Trust Fund Contribution	Added to		
9. Name and Address of Current Registered Ager	nt		10. Name and Address of New Reg	jistered Agent		
The same of Amile Man M	-	81 Name				
HANKIN LAWRENCE M 6128 S TAMIAMI TRAIL SARASOTA FL 34231		82 Street Address (P.O. Box Number is Not Acceptable)				
		oz) Street Address (F.O. Box Number is Not Acceptable)				
		83				
					 -	
		84 City		FL 85 Zip Co	de i	
11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Fig.	orida Statutes, the ab	ove-named com	oration submits this statement for the pu		eaistered	
office or registered agent, or both, in the State of Florida, Such ch	ange was authorized	by the corporation	on's board of directors. I hereby accept t	he appointment as regis	stered	
agent. I am familiar with, and accept the obligations of, Section 61	7.0503, Florida Statu	ites.				
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable.		Agent signature required		DATE	C IN 12	
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	Change	Addition	
a have leenerd		J		□ Glange		
NAME SCHWATZ STAMPANI TRAIL	1.2 NA					
STREET ADDRESS 6/28		REET ADDRESS				
CITY-ST-ZIP SARASOTA, FL 34231		Y-ST-ZIP			T Addition	
TITLE VSD	DELETE 2.1 TIT	LE		Change	☐ Addition	
NAME ITANKIN, LAWRENCE, M	2.2 NA	ME				
NAME IHANKIN, LAWRENCE M STREET ADDRESS 100 N PINEAPPLE AVE.	2.3 STF	REET ADDRESS				
CITY-ST-ZIP SARASOTA, FL		TY-ST-ZIP				
	DELETE 3.1 TIT	LE {		☐ Change	Addition	
NAME LEVEN BERG, L.	3.2 NAJ	ME {				
STREET ADDRESS 6128 S. TAMIAMI TR.	3,3 STF	REET ADDRESS				
CITY-ST-ZIP SARASOTA, FL	3,4. CIT	TY-ST-ZIP				
TITE TC	DELETE 4.1 π	TE [Change	Addition	
NAME SEMIAN, DAVID W	4. 2 NA	ME]				
NAME SEMIAN, DAVID W STREET ADDRESS 6130 S TAMMAMITRAIL	4.3 STF	REET ADDRESS				
CITY-ST-ZIP SARASOTA, FL		Y-ST-ZIP				
	DELETE 5.1 τιπ	LE		Change	Addition	
NAME	5.2 NA	ME [
STREET ADDRESS	5.3 STF	REET ADDRESS				
CITY-ST-ZIP	5.4 CIT	Y-ST-ZIP				
	DELETE 6.1 mi	LE .		Change	☐ Addition	
NAME	6.2 NA	ME			•	
STREET ADDRESS	8.3 STF	REET ADDRESS				
JUNETA DOLLO	I					

14. I hereby certify that the information supplied with this filling 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.

OF SIGNING OFFICER OR DIRECTOR