2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCLIMENT # NO6615

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

Entity Name		
GULF GATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.		
Principal Place of Business	Mailing Address	
% LAWRENCE M HANKIN 6128 S TAMIAMI TR SARASOTA FL 34231	% LAWRENCE M HANKIN 6130 S. TAMIAMI TRL SARASOTA FL 34231	

3. Mailing Address

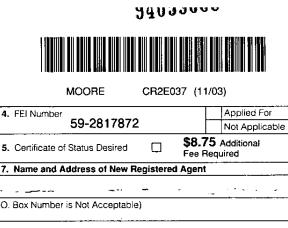
City & State

Zip

Suite, Apt. #, etc.

FILED Apr 21, 2004 8:00 am Secretary of State

04-21-2004 90049 046 ****61.25



6. Name and Address of Current Registered Agent HANKIN, LAWRENCE M Street Address (P.O. Box Number is Not Acceptable) 6128 S TAMIAMI TR SARASOTA FL 34231 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to FILE NOW: FEE IS \$61.25 \$5.00 May Be П Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TTILE TITLE ☐ Change ☐ Addition Delete BRUS, MARK H NAME NAME 6128 S. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition HANKIN, LAWRENCE M NAME NAME 100 N PINEAPPLE AVE STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP TRD TITLE ☐ Delete TITI F ☐ Change Addition LEVENBERG, L. NAME NAME - -6128 S TAMIAMI TR. STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIE Change ☐ Addition TITLE ☐ Delete TITLE SEMIAN, DAVID W NAME NAME 6130 S TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS SARASOTA FL 34231 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

Country

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR