


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # N06615

1. 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



03312005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
 59-2817872

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HANKIN, LAWRENCE M
 6128 S TAMIAMI TR
 SARASOTA, FL 34231

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRUS, MARK H 6128 S. TAMIAMI TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HANKIN, LAWRENCE M 100 N PINEAPPLE AVE SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRD LEVENBERG, L. 6128 S TAMIAMI TR. SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SEMIAN, DAVID W 6130 S TAMIAMI TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000303257
 04/13/05-80107-006 61.25

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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: David W Semian MD Date: 4/8/05 (941) 922-1565
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

DAVID W SEMIAN TS