


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N06615
1. Entity 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 6130 S. TAMIAMI TRL SARASOTA, FL 34231
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03022006 No Chg-NP CR2E037 (11/05)

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4. FEI Number 59-2817872	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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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IN THIS SPACE**

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 _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000490898 04/18/06 80072-020 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO BRUS, MARK H 6128 S. TAMIAMI TRAIL SARASOTA, FL 34231
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSO 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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TS **3/30/06 (941) 922-1565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #