


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**


03-02-2007 90026 046 \*\*\*\*61.25

<b>DOCUMENT # N06615</b>	
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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**DO NOT WRITE IN THIS SPACE**

40028305



01172007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2817872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

5. Name and Address of Current Registered Agent  HANKIN, LAWRENCE M 6128 S TAMiami TR SARASOTA, FL 34231	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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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 <del>SEMIA, DAVID W</del> PAULUS, KRISTEN L. 6130 S TAMiami TRAIL 6128 S. TAMiami TR. 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:**  **MARK H. BRUS** 1/21/07 941923-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment 40028305  
#106615

INSTRUCTIONS FOR FILING  
FLORIDA ANNUAL REPORT - CORPORATION

CORPORATION GULF GATE CONDO ASSN DATE 11/10/07  
FOR THE YEAR 2007

**IMPORTANT:** Please examine the attached Report carefully to ensure that there are no omissions or misstatements. The enclosed original must be filed by you following the indicated instructions below. Initial and date the copy and retain it for your records.

☒ An officer must sign and date the return at the "X".

☒ Fee due of \$ 61.25 Payable to "Florida Department of State"

Mail to:

Division of Corporations  
PO Box ~~1500~~ 6198  
Tallahassee, FL ~~32302-1500~~ 32314

BE SURE TO WRITE YOUR EMPLOYER IDENTIFICATION NUMBER ON YOUR CHECK.

\*\*\* MAIL REPORT AND REMITTANCE BEFORE MAY 1ST \*\*\*

**(\$400 Penalty Assessed if Filed After May 1st!)**