2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

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

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

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01172007	No Chg-NP	CR2E037	(4/06)

 4. FEI Number
 Applied For

 59-2817872
 Not Applicable

5. Certificate of Status Desired

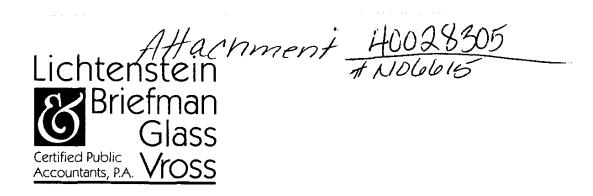
\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plants of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title	il applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE		
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finance Trust Fund Contribution.	ing 🔲	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRE	CTORS					
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	DO		NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS SEMIAN, DAVIDW PAULUS, KRISTEN L. BH30 S TAMMAMI TRAIL GIZB S. TAMMAMI TR. SARASOTA, FL 34231		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
indicated of the cor	on this report or supplemental report is true :	and accurate and that my signatu d to execute this report as require	re shall hav	e the same legal effect	9, Florida Statutes. I further certify that the information ct as if made under oath; that I am an officer or director es; and that my name appears in Block 10 or Block 11 if		



INSTRUCTIONS FOR FILING FLORIDA ANNUAL REPORT - CORPORATION

CORPORATION _	OULF GATE COUDO ASSN	DA	re	111107		
FOR THE YEAR	2007					
IMPORTANT:	Please examine the attached Repeare no omissions or misstatements filed by you following the indicated date the copy and retain it for your	s. The en d instruct	close	d original mus	st be	
An officer must sign and date the return at the "X". V Fee due of \$ 61, 25 Payable to "Florida Department of State" Mail to:						
-	Division of Corporations PO Box 1 50 0 6198 Tallahassee, FL 3 2302-150	o 3231	4			
BE SURE TO WE CHECK.	RITE YOUR EMPLOYER IDENTIF	CATION	NUN	MBER ON YO	OUR	

2501 SOUTH TAMIAMI TRAIL • SARASOTA, FL 34239 • PHONE 941.366.3737 • FAX 941.366.5087 E-MAIL: info@Lbgcpa.com • WEB: www.lbgcpa.com

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

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