

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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

DOCUMENT # N18790

1. Entity Name
**GULF COAST MEDICAL PLAZA CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**449 WEST 23RD STREET
PO BOX 15309
PANAMA CITY, FL 32406-2309**

Mailing Address
**449 WEST 23RD STREET
PO BOX 15309
PANAMA CITY, FL 32406-2309**



03182005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2903358

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fees Required**

5. Name and Address of Current Registered Agent

**FOUNTAIN, WESLEY D
449 W. 23RD STREET
PANAMA CITY, FL 32405**

**DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**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
**SD
ORTEGA, VICTOR MD
2202 STATE AVENUE #108
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
FOUNTAIN, WESLEY D
449 W 23RD STREET
PANAMA CITY, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
GALLATI, TODD
449 W 23RD STREET
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**B
SEILER, GREG
449 W 23RD STREET
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ROBINSON, MARK
449 W. 23RD STREET
PANAMA CITY, FL 32405**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UN00000294461
04/11/05-80069-018 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 information empowered.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/05

DATE

(850) 747-7102

DAYTIME PHONE #