

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06615

**FILED**  
**Feb 23, 2016**  
**Secretary of State**  
**CC4381491904**

**Entity Name:** GULF GATE MEDICAL CENTER CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229

**Current Mailing Address:**

LIGHTHOUSE PROPERTY MANAGEMENT  
16 CHURCH STREET  
OSPREY, FL 34229 US

**FEI Number: 59-2817872**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MCCLLENATHEN, CHAD ESQ  
783 S ORANGE AVE STE 210  
SARASOTA, FL 34236-4702 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	SECRETARY/TREASURER
Name	BRUS, MARK H	Name	ROYER, KINGA
Address	LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET	Address	LIGHTHOUSE PROPERTY MANAGEMENT 16 CHURCH STREET
City-State-Zip:	OSPREY FL 34229	City-State-Zip:	OSPREY FL 34229

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: MARK BRUS**

**PRESIDENT**

**02/23/2016**

Electronic Signature of Signing Officer/Director Detail

Date