

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06615

**FILED**  
**Jan 08, 2017**  
**Secretary of State**  
**CC4900994018**

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

**Current Principal Place of Business:**

5602 MARQUESAS CIR.  
103  
SARASOTA, FL 34233

**Current Mailing Address:**

PO BOX 18809  
SARASOTA, FL 34276 US

**FEI Number: 59-2817872**

**Certificate of Status Desired: No**

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

SUNSTATE ASSOCIATION MANAGEMENT GROUP, INC.  
5602 MARQUESAS CIR.  
103  
SARASOTA, FL 34233 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: MICHELLE THIBEAULT**

**01/08/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRUS, MARK H  
Address        PO BOX 18809  
City-State-Zip: SARASOTA FL 34276

Title            VP, SECRETARY  
Name            ROYER, KINGA  
Address        PO BOX 18809  
City-State-Zip: SARASOTA FL 34276

Title            TREASURER  
Name            CURTIS, GERARD  
Address        PO BOX 18809  
City-State-Zip: SARASOTA FL 34276

*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: KINGA ROYER**

**SECRETARY**

**01/08/2017**

Electronic Signature of Signing Officer/Director Detail

Date