

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06615

FILED
Feb 16, 2015
Secretary of State
CC4442095676

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:

McCLENATHEN, 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
Name BRUS, MARK H
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 16 CHURCH STREET
City-State-Zip: OSPREY FL 34229

Title TREASURER
Name LERNER, BRAD
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 16 CHURCH STREET
City-State-Zip: OSPREY FL 34229

Title SECRETARY
Name ROYER, KINGA
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 16 CHURCH STREET
City-State-Zip: OSPREY FL 34229

Title ASST. SECRETARY
Name SMITH, DENNIS
Address LIGHTHOUSE PROPERTY
 MANAGEMENT
 16 CHURCH STREET
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: DENNIS SMITH

CAM

02/16/2015

Electronic Signature of Signing Officer/Director Detail

Date