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NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 724457 (7)

1. Corporation Name
GULLWING APARTMENT CONDOMINIUM, INC.



Principal Place of Business: GULLWING CONDOMINIUM, 1916 SE 43RD ST, CAPE CORAL FL 33904-5444
Mailing Address: GULLWING CONDOMINIUM, 1916 SE 43RD ST, CAPE CORAL FL 33904-5444

3. Date Incorporated or Qualified: 09/29/1972
3a. Date of Last Report: 04/04/1995
4. FEI Number: 59-1544955
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: SUMMERS, AL J, 1920 SE 43RD ST, SUITE 114, APT. #114, CAPE CORAL FL 33904
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [Signature] DATE: [Date] (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MICHEL, ERWIN	1.1 TITLE: PD	1.2 NAME: MORE, EDWARD
STREET ADDRESS: 1920 SE 43RD ST., STE. 213	CITY-ST-ZIP: CAPE CORAL FL	1.3 STREET ADDRESS: 1912 SE 43RD STREET SUITE 110	1.4 CITY-ST-ZIP: CAPE CORAL, FL. 33904
TITLE: VPD	NAME: MORE, EDWARD	2.1 TITLE: VPD	2.2 NAME: BROWN ROBERT
STREET ADDRESS: 1912 SE 43RD STREET, SUITE 110	CITY-ST-ZIP: CAPE CORAL FL	2.3 STREET ADDRESS: 1408 SE 43RD STREET SUITE 108	2.4 CITY-ST-ZIP: CAPE CORAL, FL. 33904
TITLE: VPD	NAME: OSMAN, BOB J	3.1 TITLE: VPD	3.2 NAME: WASSMAN FLOYD
STREET ADDRESS: 1912 SE 43RD ST., STE. 111	CITY-ST-ZIP: CAPE CORAL FL	3.3 STREET ADDRESS: 1912 SE 43RD STREET SUITE 210	3.4 CITY-ST-ZIP: CAPE CORAL, FL. 33904
TITLE: SD	NAME: SUMMERS, AL J	4.1 TITLE:	4.2 NAME:
STREET ADDRESS: 1920 SE 43RD STREET, SUITE 114	CITY-ST-ZIP: CAPE CORAL FL	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE: TD	NAME: LYNCH, MURIEL C	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 1932 SE 43RD STREET, SUITE 226	CITY-ST-ZIP: CAPE CORAL FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] AL J. SUMMERS 3-3-96 941-542-0890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)