FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 724457

(7)

GULLWING APARTMENT CONDOMINIUM, INC.								
Principal Place	of Business	Mailing Address						101
GULLWING CONDOMINIUM 1916 SE 43RD ST CAPE CORAL FL 33904-5444		GULLWING CONDOMINIUM 1916 SE 43RD ST CAPE CORAL FL 33904-5444			3. Date Incorporated or Qualified	3a. Date of Last Report 04/04/1995		
						09/29/1972 4. FEI Number	Applied Fo	
2. Principal Place of Business		2a. Mailing Address				59-1544955	Not Applied to	
21		Suite, Apt. #, etc.		+		\$8.75 Addition		
Suite, Apt. #, etc.		27			5. Certificate of Status Desired	Fee Required		
City & State		City & State				6. Election Campaign Financing	5.00 May Be	,
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Count	у		8. This corporation has liability for in		ļ
24	25	29	30				Yes X No	
	Name and Address of Current	Registered Agent			_	10. Name and Address of New Re	gistered Agent	
			8	1 ,				
SUMMERS, AL J				2 Street A	Address	s (P.O. Box Number is Not Acceptable)	
1920 SE 43RD ST, SUITE 114								
APT. #114			8	3				
CAPE CORAL FL 33904			8	4 City			FL 85 Zip Code	
						The state of the s		office
11. Pursuant t or register familiar wit	o the provisions of Sections 617.0502 ed agent, or both, in the State of Florid th, and accept the obligations of, Section	and 617.1508, Florida Statute la. Such change was authorize on 617.0503, Florida Statutes.	ed by the co	rporation's	board (of directors. Thereby accept the appoi	ntment as registered agent. La	m
SIGNATURE _	Control of printed popular printered popular	and title if annicable (NO	TE: Registered Ag	ent signature re	requireo wf	hen reinstating"	DATE	
12,	ogradue, types of places and our ogradue against a grant og transport			,		ADDITIONS/CHANGES TO OFFIC		
TITLE	PD	DELETE	1.1 TITLE		PD		Change Addi	tion
NAME	MICHEL, ERWIN		1.2 NAM	E	M	ORE. EDWARD		
STREET ADDRESS	AREA OF LODD OF OTE OLO			ET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL		1.4 CITY	-ST-ZIP	CA	PE CONAL FL.	33904	
TITLE	VPD	DELETE	2.1 TITL!	-		. •	Change 🗌 Addi	tion
NAME	MORE, EDWARD	·	2.2 NAM	E	BR	Lown Robert		•
STREET ADDRESS	AGAG OF ADDD OTDEET CHITE 440			ET ADDRESS	14	es se asub ele	EEL SALLE LA	•
CITY - ST - ZIP	CAPE CORAL FL		2. 4 CIT	(-ST-ZIP	CA	PE CORAL, FL.	3 3904	
TITLE	VPD	DELETE	3.1 TITL	E	4.4	73 N	De Change	HON
NAME	OSMAN, BOB J		3.2 NAM		W	VISEMUN EFON	ወ መስፈጽሚ ርፕሮሽ	Lio
STREET ADDRESS	1912 SE 43RD ST., STE. 111		3 3 STR	ET ADDRESS	\ \ \ \ \	SIT SEASKO?	, , , , , , , , , , , , , , , , , , ,	-
CITY-ST-ZIP	CAPE CORAL FL			Y-ST-ZIP	1	APE CORAL, EL	. 33464 Add	ition
TITLE	SD	DELETE	4 1 TITL		1		□ orange □ Audi	CON
NAME	SUMMERS, AL J		4. 2 NA					
STREET ADDRESS	1920 SE 43RD STREET, SUIT	E 114		EET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL	Finance		- ST - ZIP	<u> </u>		Change Add	ilion
TITLE	TD	DELETE	5.1 TITL				C ontainge C Mao	
NAME	LYNCH, MURIEL C	·F 000	5 2 NAN					
STREET ADDRESS	1932 SE 43RD STREET, SUIT	E 226		EET ADDRESS				
CITY-ST-ZIP	CAPE CORAL FL	DELETE		/-ST-Z⊮ ⊏	+		☐ Change ☐ Add	ition
TITLE			61 TITL				_ , _	
NAME			6.2 NAA	eet address				
STREET ADDRESS				te i aduness (-ST-7IP				
L DITLY OF THE			■ D 9 t. H i	- 31 * 4 IF				

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 1 19.07(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 on an attachment with an address.

SIGNATURE:

SIGNATURE:

Date

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CR2F037 (12/95)