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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 724457 (7)
1. Corporation Name
GULLWING APARTMENT CONDOMINIUM, INC.



Principal Place of Business 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 03/21/1996
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SUMMERS, AL J
1920 SE 43RD ST, SUITE 114
APT. #114
CAPE CORAL FL 33904
Delete

10. Name and Address of New Registered Agent
81 Name ROBERT J. OSMAN, JR.
82 Street Address (P.O. Box Number is Not Acceptable) 1912 S.E. 43rd St. #111
83
84 City CAPE CORAL FL 85 Zip Code 33904

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 *R. J. Osman, Jr.* DATE 3/3/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MORE, EDWARD	<i>resigned</i>
STREET ADDRESS	1912 SE 43RD STREET SUITE 110	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	1908 SE 43RD STREET SUITE 108	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	VPD <i>Vice President</i>	<input type="checkbox"/> DELETE
NAME	WASSMAN, FLOYD	<i>OK</i>
STREET ADDRESS	1912 SE 43RD STREET SUIT E210	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SUMMERS, AL J	<i>resigned</i>
STREET ADDRESS	1920 SE 43RD STREET, SUITE 114	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE	TD <i>Treasurer</i>	<input type="checkbox"/> DELETE
NAME	LYNCH, MURIEL C	<i>OK</i>
STREET ADDRESS	1932 SE 43RD STREET, SUITE 226	
CITY-ST-ZIP	CAPE CORAL FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Richard D. Stoll	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1926 S.E. 43rd St. #223	
1.3 STREET ADDRESS	CAPE CORAL, FL. 33904	<i>President</i>
1.4 CITY-ST-ZIP		
2.1 TITLE	Doreen E. McCabe	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1908 S.E. 43rd St #106	
2.3 STREET ADDRESS	CAPE CORAL, FL. 33904	<i>Vice Pres.</i>
2.4 CITY-ST-ZIP		
3.1 TITLE		Change <input type="checkbox"/> Addition
3.2 NAME	<i>same</i>	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Robert J. Osman, Jr.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	1912 S.E. 43rd St. #111	
4.3 STREET ADDRESS	CAPE CORAL, FL. 33904	<i>Secretary</i>
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<i>same</i>	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

M. J. ... 3/3/97 (411) 945-3147

CR2E037 (9/96)