

MAP

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1998 8:00am
Secretary of State



NONPROFIT CORPORATION ANNUAL REPORT 1998

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
GULLWING CONDOMINIUM
1816 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

4. FEI Number

59-1544955

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OSMAN, ROBERT J.
1912 SR 43RD ST #111
CAPE CORAL FL 33904

81 Name

82 Street

83 City

84 City

Nan
Robert Brown
1908 SE 43rd. st. # 108
Cape Coral, Fl
33904

XXXXX

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME STOLL, RICHARD D.
STREET ADDRESS 1928 SE 43RD ST, #223
CITY-ST-ZIP CAPE CORAL FL

1.1 TITLE PD Change Addition
1.2 NAME FLOYD WASSMANN
1.3 STREET ADDRESS 1912 S.E. 43rd ST.
1.4 CITY-ST-ZIP CAPE CORAL, FL 33904
MIDCHELL, ONTARIO, CANADA, NOK 1NO

TITLE VPD DELETE
NAME MCCABE, DOREEN E.
STREET ADDRESS 1908 SE 43RD ST #105
CITY-ST-ZIP CAPE CORAL FL

2.1 TITLE VPD Change Addition
2.2 NAME JOHN W. KLOCKOW
2.3 STREET ADDRESS 4100 WALTON ROAD
2.4 CITY-ST-ZIP CAPE CORAL, FL 33904
LAKE ORION, MI.

TITLE VPD DELETE
NAME WASSMAN, FLOYD
STREET ADDRESS 1912 SE 43RD STREET SUIT E210
CITY-ST-ZIP CAPE CORAL FL

3.1 TITLE NONE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME OSMAN, ROBERT J.
STREET ADDRESS 1912 SE 43RD ST #111
CITY-ST-ZIP CAPE CORAL FL

4.1 TITLE SD&TD Change Addition
4.2 NAME ROBERT BROWN
4.3 STREET ADDRESS 1908 S.E. 43rd ST.
4.4 CITY-ST-ZIP CAPE CORAL, FL 33904
LISBURN

TITLE TD DELETE
NAME LYNCH, MURIEL C
STREET ADDRESS 1932 SE 43RD STREET, SUITE 226
CITY-ST-ZIP CAPE CORAL FL

5.1 TITLE DIRECTOR Change Addition
5.2 NAME CARMELLO (CAL) GARUFO
5.3 STREET ADDRESS 1920 S.E. 43rd STREET
5.4 CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any attachment with an address.

SIGNATURE:

R. Brown, Secy. Treas

3/1/98

(613/345-1952)
941/945-3367

DEP. \$61.25

CP2E037 (10/97)