

FILE NOW: FILING FEE IS \$61.25

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Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90009 043 ****61.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **724451**
 1. Corporation Name
GULLWING APARTMENT CONDOMINIUM, INC

Principal Place of Business Mailing Address
GULLWING APT. CONDO **GULLWING APT. CONDO**
1916 SE 43RD ST **PO BOX 831**
CAPE CORAL, FL 33904 **CAPE CORAL, FL 33910**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/29/1972	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1544955	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
Country		Country			
24		25		29	
30					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				81 Name OLSON, BARBARA			
				82 Street Address (P.O. Box Number is Not Acceptable) PROFESSIONALLY YOURS, INC			
				83 1342 SE 46TH LANE #3			
				84 City CAPE CORAL		85 Zip Code FL 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 *Barbara A. Olson* DATE **3/26/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE <input type="checkbox"/> DELETE				1.1 TITLE PD <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				1.2 NAME DEVANEY, DOLORES			
STREET ADDRESS				1.3 STREET ADDRESS 1926 SE 43RD ST 222			
CITY-ST-ZIP				1.4 CITY-ST-ZIP CAPE CORAL, FL 33904			
TITLE <input type="checkbox"/> DELETE				2.1 TITLE VD <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				2.2 NAME HARRIS, MARTIN			
STREET ADDRESS				2.3 STREET ADDRESS 1920 SE 43RD ST 215			
CITY-ST-ZIP				2.4 CITY-ST-ZIP CAPE CORAL, FL 33904			
TITLE <input type="checkbox"/> DELETE				3.1 TITLE SD <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				3.2 NAME MICHEL, ERWIN			
STREET ADDRESS				3.3 STREET ADDRESS 1920 SE 43RD ST 213			
CITY-ST-ZIP				3.4 CITY-ST-ZIP CAPE CORAL, FL 33904			
TITLE <input type="checkbox"/> DELETE				4.1 TITLE TD <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				4.2 NAME STOLL, RICHARD			
STREET ADDRESS				4.3 STREET ADDRESS 1926 SE 43RD ST 223			
CITY-ST-ZIP				4.4 CITY-ST-ZIP CAPE CORAL, FL 33904			
TITLE <input type="checkbox"/> DELETE				5.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				5.2 NAME BROWN, ANNE			
STREET ADDRESS				5.3 STREET ADDRESS 1908 SE 43RD ST 108			
CITY-ST-ZIP				5.4 CITY-ST-ZIP CAPE CORAL, FL 33904			
TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 an attachment with an address, with all other like empowered.

SIGNATURE *Richard Stoll* DATE **3/26/99** Daytime Phone #

CR2E037 (1/1/98)