

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 724457**

1. Entity Name

GULLWING APARTMENT CONDOMINIUM, INC.

Principal Place of Business

**GULLWING APT. CONDO
1916 SE 43RD ST
CAPE CORAL FL 33904-5444**

Mailing Address

**P O BOX 100831
CAPE CORAL FL 33910**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1544955

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**OLSON, BARBARA
PROFESSIONALLY YOURS, INC.
1342 SE 46TH LANE #3
CAPE CORAL FL 33904**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PD	DEVANEY, DOLORES	1926 SE 43RD ST 222	CAPE CORAL FL 33904	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	HARRIS, MARTIN	1920 SE 43RD ST 215	CAPE CORAL FL 33904	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
SD	MICHEL, ERWIN	1646 JORDAN NARREN RD	SELMA NC 27576	<input checked="" type="checkbox"/>	SD	SUMMERS, AL	1920 SE 43RD STREET #114	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TD	HARRIS, MARTY	118 AMHERSTDALE RD	SNYDER NY 14226	<input checked="" type="checkbox"/>	TD	STOLL, RICHARD	1926 SE 43RD STREET #223	CAPE CORAL, FL 33904	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD2	OSMAN, BOB	1912 SE 43RD ST., #111	CAPE CORAL FL 33904	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VD	GILLEN, DOUG	5006 THOMAS AVE., N	MINNEAPOLIS MN 55430	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90086 050 ****61.25

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)