2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724457

Entity Name: GULLWING APARTMENT CONDOMINIUM, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

GULLWING APT. CONDO
1916 SE 43RD ST
GULLWING APT. CONDO
1916 SE 43RD ST
1916 SE 43RD ST

CAPE CORAL, FL 339045444 US

Current Mailing Address: New Mailing Address:

P O BOX 100831 P O BOX 100831

CAPE CORAL, FL 33910 US

FEI Number: 59-1544955 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

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:

100.

Electronic Signature of Registered Agent

Date

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition

Title: PD () Delete Title: PD (X) Change Name: DEVANEY, DOLORES Name: OSMAN, ROBERT

Address: 1926 SE 43RD ST 222 Address: 1912 SE 43RD STREET #111

City-St-Zip: CAPE CORAL, FL 33904 City-St-Zip: CAPE CORAL, FL 33904 US

Title: SD () Delete Title: SD (X) Change () Addition

Name: SUMMERS, AL Name: SUMMERS, AL

 Address:
 1920 SE 43RD STREET #114
 Address:
 1920 SE 43RD STREET #114

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 STOLL, RICHARD
 Name:
 SWEENEY, SUSAN

 Address:
 1926 SE 43RD STREET #223
 Address:
 1908 SE 43RD STREET #105

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904 US

Title: VD2 () Delete Title: VD (X) Change () Addition

Name: OSMAN, BOB Name: SICA, SALVATORE

 Address:
 1912 SE 43RD ST., #111
 Address:
 1926 SE 43RD STREET #223

 City-St-Zip:
 CAPE CORAL, FL 33904
 City-St-Zip:
 CAPE CORAL, FL 33904 US

 Name:
 GILLEN, DOUG
 Name:
 GILLEN, DOUGLAS

 Address:
 5006 THOMAS AVE., N
 Address:
 5006 THOMAS AVE., N

 City-St-Zip:
 MINNEAPOLIS, MN 55430
 City-St-Zip:
 MINNEAPOLIS, MN 55430 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT OSMAN PD 04/30/2002