

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90348 045 ****61.25

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 US

Mailing Address
P.O. BOX 151845
CAPE CORAL, FL 33915 US

60043000



04132006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-1544955

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ZUNINO, PAOLA
C/O CPM INC
3645 SE 8TH PL
CAPE CORAL, FL 33904

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/20/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME OSMAN, ROBERT
STREET ADDRESS 1912 SE 43RD STREET #111
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE SD
NAME KINCE, CHARLOTTE
STREET ADDRESS 2757 JR 162
CITY-ST-ZIP SLOANSVILLE, NY 12160

TITLE TD
NAME ESPOSITO, ANTHONY
STREET ADDRESS 93 PERWICK AVE
CITY-ST-ZIP STATEN ISLAND, NY 10301

TITLE VD
NAME SICA, SALVATORE
STREET ADDRESS 1926 SE 43RD STREET #223
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE SD
NAME GILLEN, DOUGLAS
STREET ADDRESS 5006 THOMAS AVE., N
CITY-ST-ZIP MINNEAPOLIS, MN 55430

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

R. Osman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/06 239-542-3798
Date Daytime Phone #