

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90018 032 ****61.25

DOCUMENT # 724457

1. Entity Name
GULLWING APTMENT 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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1544955

Applied For
Not Applicable

Zip

Country

Zip

Country

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

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

Name
ZUNINO PAOLA
Street Address (P.O. Box Number is Not Acceptable)
C/O CPM INC
2799 DEL PRADO BLVD
City
CAPE CORAL FL Zip Code
33903

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME **KINCE, CHARLOTTE**
STREET ADDRESS **2757 JR 162**
CITY-ST-ZIP **SLOANVILLE, NY 12160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Paola Zunino

RECEIVED
MAY 17 2007