


2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 724457

1. Entity Name
GULLWING APARTMENT CONDOMINIUM, INC.



FILED
2008 OCT 16 AM 10:34

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

CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA
10 15 21



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

*40 Realty Services
Property Management
2525 Parkway Street
Fort Myers, FL
33901 US*

10092608 REIN-NDP C62E029 1/1/12
REINSTATEMENT 08

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
ZUNINO, PAOLA
C/O GPM INC
2799 DEL PRADO BLVD
CAPE CORAL, FL 33903

7. Name and Address of New Registered Agent
Name: *Michael McVety* %Realty Services
Street Address (P.O. Box Number is Not Acceptable): *2525 Parkway Street*
City: *Fort Myers* FL *33901*

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: *Michael McVety, Gen. Man.* *mmvety* 10/9/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$236.25
After January 1, 2009, Fee will be \$297.50

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OSMAN, ROBERT 1912 SE 43RD STREET #111 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Sonny Rochelle 2032 Willow Hill Lane Clayton, NC 27520 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KINCE, CHARLOTTE 2757 JR 162 SLOANVILLE, NY 12160 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Charlotte Kinzel 2757 JR 162 Sloansville, NY 12160 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ESPOSITO, ANTHONY 93 PERWICK AVE STATEN ISLAND, NY 10301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	secretary 800136979928 10/16/08--01032--008 **175.00 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SICA, SALVATORE 1926 SE 43RD STREET #223 CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Susan Sweeney 1908 SE 43rd Street, Apt. 105 Cape Coral, FL 33904 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GILLEN, DOUGLAS 5006 THOMAS AVE., N MINNEAPOLIS, MN 55430 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Tom Winkel 7458 East Opal Lake Trail Gaylord, MI 49735 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>03/25/08 90014-036 \$61.25</i>

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: *Sonny Rochelle* 10/13/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #