

# 2001 UNIFORM BUSINESS REPORT (UBR)

1/

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90080 024 \*\*\*\*61.25

**DOCUMENT # N00000000571**

1. Entity Name

**GULLWING BEACH RESORT CONDOMINIUM ASSOCIATION, I**

Principal Place of Business

6620 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931

Mailing Address

6620 ESTERO BOULEVARD  
FORT MYERS BEACH FL 33931

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

65-0882014

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VOGEL, R M  
3936 TAMiami TRAIL NORTH  
SUITE B  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

Mary Anne Monsrud

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

6620 ESTERO BLVD

City

FT. MYERS BEACH

FL

Zip Code

33931

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

Mary Anne Monsrud

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

(NOTE: Registered Agent signature required when reinstating)

1/12/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LAWRENCE, DAVID	
STREET ADDRESS	1303 SOUTH FRONTAGE ROAD #11	
CITY-ST-ZIP	HASTINGS MN 55033	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLUEGEL, DONALD	
STREET ADDRESS	1303 SOUTH FRONTAGE ROAD #11	
CITY-ST-ZIP	HASTINGS MN 55033	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SWANSON, ROBERT	
STREET ADDRESS	1303 SOUTH FRONTAGE ROAD #11	
CITY-ST-ZIP	HASTINGS MN 55033	
TITLE	SD	<input type="checkbox"/> Delete
NAME	VOGEL, JAMES D	
STREET ADDRESS	3936 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

1/12/01

Date

94-765-4300

Daytime Phone #

CR2E037 (10/00)