

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0047181

DOCUMENT # N00000000571

1. Entity Name

**GULLWING BEACH RESORT CONDOMINIUM ASSOCIATION, I
 NC.**

04-02-2002 90088 011 ****61.25

Principal Place of Business

Mailing Address

**6620 ESTERO BOULEVARD
 FORT MYERS BEACH FL 33931**

**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

7. Name and Address of New Registered Agent

**MONSRUD, MARY ANNE
 6620 ESTERO BLVD
 FORT MYERS BEACH FL 33931**

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
 NAME **PD LAWRENCE, DAVID**
 STREET ADDRESS **1303 SOUTH FRONTAGE ROAD #11**
 CITY-ST-ZIP **HASTINGS MN 55033**

TITLE ☒ Change ☐ Addition
 NAME **S/D LAWRENCE, DAVID**
 STREET ADDRESS **1125 S. FRONTAGE ROAD, #4**
 CITY-ST-ZIP **HASTINGS, MN 55033**

TITLE ☐ Delete
 NAME **VD FLUEGEL, DONALD**
 STREET ADDRESS **1303 SOUTH FRONTAGE ROAD #11**
 CITY-ST-ZIP **HASTINGS MN 55033**

TITLE ☒ Change ☐ Addition
 NAME **P/D FLUEGEL, DONALD**
 STREET ADDRESS **1303 SOUTH FRONTAGE ROAD, #5**
 CITY-ST-ZIP **HASTINGS, MN 55033**

TITLE ☒ Delete
 NAME **TD SWANSON, ROBERT**
 STREET ADDRESS **1303 SOUTH FRONTAGE ROAD #11**
 CITY-ST-ZIP **HASTINGS MN 55033**

TITLE ☐ Change ☒ Addition
 NAME **V/D SCHNEIDER, FRED**
 STREET ADDRESS **7622 CHURCH ST.**
 CITY-ST-ZIP **MORTON GROVE, IL 60053**

TITLE ☒ Delete
 NAME **SD VOGEL, JAMES D**
 STREET ADDRESS **3936 TAMiami TRAIL NORTH**
 CITY-ST-ZIP **NAPLES FL 34103**

TITLE ☐ Change ☒ Addition
 NAME **T/D GERRY, MARK**
 STREET ADDRESS **1125 S. Frontage Rd., #4**
 CITY-ST-ZIP **HASTINGS, MN 55033**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
 NAME **D GRUBB, JOHN**
 STREET ADDRESS **18470 JASPER PATH**
 CITY-ST-ZIP **LAKEVILLE, MN 55044**

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 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

3/22/02

Date

Daytime Phone #

CR2E037 (9/01)