

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000000571 1. Entity Name GULLWING BEACH RESORT CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 6620 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931	Mailing Address 6620 ESTERO BOULEVARD FORT MYERS BEACH, FL 33931
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02042004 No Chg-NP CR2E037 (10/03)

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

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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 _____ Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LAWRENCE, DAVID 1125 S FRONTAGE RD # 4 HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FLUEGEL, DONALD 1303 S FRONTAGE RD # 5 HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHNEIDER, FRED 7622 CHURCH ST MORTON GROVE, IL 60053
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GERRY, MARK 1125 S FRONTAGE RD # 4 HASTINGS, MN 55033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRUBB, JOHN 18470 JASPER PATH LAKEVILLE, MN 55044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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	Date 2/9/04	Day (time) Phone # _____
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