

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000000571

1. Entity Name

GULLWING BEACH RESORT CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business

6620 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

Mailing Address

6620 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931



01132005 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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LAWRENCE, DAVID
STREET ADDRESS	1125 S FRONTAGE RD # 4
CITY- ST- ZIP	HASTINGS, MN 55033
TITLE	PD
NAME	FLUEGEL, DONALD
STREET ADDRESS	1303 S FRONTAGE RD # 5
CITY- ST- ZIP	HASTINGS, MN 55033
TITLE	VD
NAME	SCHNEIDER, FRED
STREET ADDRESS	7622 CHURCH ST
CITY- ST- ZIP	MORTON GROVE, IL 60053
TITLE	TD
NAME	GERRY, MARK
STREET ADDRESS	1125 S FRONTAGE RD # 4
CITY- ST- ZIP	HASTINGS, MN 55033
TITLE	S
NAME	GRUBB, JOHN
STREET ADDRESS	18470 JASPER PATH
CITY- ST- ZIP	LAKEVILLE, MN 55044
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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02/28/05-80067-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information furnished 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

Date

Daytime Phone #