2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# N00000000571

Entity Name: GULLWING BEACH RESORT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

6620 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

New Principal Place of Business:

Current Mailing Address:

6620 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931

New Mailing Address:

FEI Number: 65-0882014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: LAWRENCE, DAVID
Address: 1125 S FRONTAGE RD # 4
City-St-Zip: HASTINGS, MN 55033

Title: D ( ) Delete
Name: ADKINS, MARION J
Address: 1428 ELLIOTT'S CREEK LANE
City-St-Zip: CAPE CHARLES, VA 23310

Title: VD ( ) Delete
Name: SCHNEIDER, FRED
Address: 7622 CHURCH ST
City-St-Zip: MORTON GROVE, IL 60053

Title: TD ( ) Delete
Name: GERRY, MARK
Address: 1125 S FRONTAGE RD # 4
City-St-Zip: HASTINGS, MN 55033

Title: P ( ) Delete
Name: LEISSRING, MARK
Address: W 4793 N. PEARL LAKE RD
City-St-Zip: REDGRANITE, WI 549707239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ADKINS, MARION J
Address: 1428 ELLIOTT'S CREEK LANE
City-St-Zip: CAPE CHARLES, VA 23310

Title: D (X) Change ( ) Addition
Name: JOHNSON, PETER
Address: 1344 LAUBSCHER RD.
City-St-Zip: EVANSVILLE, IL 47710

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CURT BRENNER MGER 03/26/2009

Electronic Signature of Signing Officer or Director — Date