

N00000000571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RA Change  
6-22-11

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Gull Wing Beach Resort Condominium Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N00000000571

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Monica Flowers Crews  
Name of Contact Person

SunStream, Inc.  
Firm/Company

6231 Estero Boulevard  
Address

Fort Myers Beach, FL 33931  
City/State and Zip Code

monica.f@sunstream.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Monica Flowers Crews at (239) 765-4111  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Gull Wing Beach Resort Condominium Association, Inc.  
2. The principal office address: 6620 ESTERO Boulevard  
Fort MYERS BEACH, FL 33931  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 01-28-2000 Document number: N00000000571

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Monsrud, Mary Anne  
6620 ESTERO Blvd  
Fort MYERS Beach, FL 33931

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

GANNON, ANNE  
6231 ESTERO Boulevard  
Fort MYERS Beach, FL 33931

P.O. Box NOT acceptable

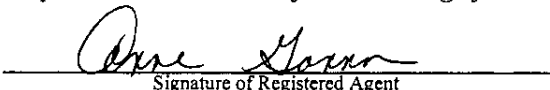
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

DAVID A. LAWRENCE, SECRETARY  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

  
Signature of Registered Agent

6-13-2011  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)

FILED  
14 JUN 20 PM 12:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA