

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 724457

**Entity Name:** GULLWING APARTMENT CONDOMINIUM, INC.**Current Principal Place of Business:**1916 SW 43RD STREET  
CAPE CORAL, FL 33904**Current Mailing Address:**C/O OPTIMUM PROPERTY MANAGEMENT  
PO BOX 152075  
CAPE CORAL, FL 33915 US**FEI Number:** 59-1544955**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DAVENPORT, BRANDY  
C/O OPTIMUM PROPERTY MANAGEMENT  
PO BOX 152075  
CAPE CORAL, FL 33915 US*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:** BRANDY DAVENPORT

03/20/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TREASURER  
Name            GOLDSTEIN, HOWARD  
Address        C/O OPTIMUM PROPERTY  
                  MANAGEMENT  
                  PO BOX 152075  
City-State-Zip: CAPE CORAL FL 33915

Title            VP  
Name            DEBARR, MARTINA  
Address        C/O OPTIMUM PROPERTY  
                  MANAGEMENT  
                  PO BOX 152075  
City-State-Zip: CAPE CORAL FL 33915

Title            SECRETARY  
Name            DALTON, SAMUEL  
Address        C/O OPTIMUM PROPERTY  
                  MANAGEMENT  
                  PO BOX 152075  
City-State-Zip: CAPE CORAL FL 33915

Title            DIRECTOR  
Name            BROUTIN, EDWARD  
Address        C/O OPTIMUM PROPERTY  
                  MANAGEMENT  
                  PO BOX 152075  
City-State-Zip: CAPE CORAL FL 33915

Title            DIRECTOR  
Name            MARSTALLER, JEFFREY  
Address        C/O OPTIMUM PROPERTY  
                  MANAGEMENT  
                  PO BOX 152075  
City-State-Zip: CAPE CORAL FL 33915

*I hereby 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 all other like empowered.*

**SIGNATURE:** HOWARD GOLDSTEIN

PRESIDENT

03/20/2025

Electronic Signature of Signing Officer/Director Detail

Date