## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 724457** 

Entity Name: GULLWING APARTMENT CONDOMINIUM, INC.

FILED Apr 27, 2016 Secretary of State CC5234636977

## **Current Principal Place of Business:**

PROFESSIONAL REALTY CONSULTANTS 3501 DEL PRADO BLVD. SUITE 100 CAPE CORAL, FL 33910

## **Current Mailing Address:**

C/O PROFESSIONAL REALTY CONSULTANTS PO BOX 100831 CAPE CORAL, FL 33910 US

FEI Number: 59-1544955 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

PROFESSIONAL REALTY CONSULTANTS, INC. 3501 DEL PRADO BLVD. SUITE 100 CAPE CORAL, FL 33910 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: GEORGE TEAGUE 04/27/2016

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title VP Title SECRETARY

Name DOBLE III, CHARLES Name LETENDRE, DENNIS

Address PROFESSIONAL REALTY Address PROFESSIONAL REALTY

CONSULTANTS CONSULTANTS

3501 DEL PRADO BLVD. SUITE 100 3501 DEL PRADO BLVD. SUITE 100

City-State-Zip: CAPE CORAL FL 33910 City-State-Zip: CAPE CORAL FL 33910

Title PRESIDENT Title DIRECTOR

Name REID, ALEXANDER Name EDWARDS, MIKE

Address PROFESSIONAL REALTY Address C/O PROFESSIONAL REALTY

CONSULTANTS CONSULTANTS

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City-State-Zip: CAPE CORAL FL 33910 City-State-Zip: CAPE CORAL FL 33910

Title TREASURER Title DIRECTOR

Name LEACH, LEONARD Name WAITER, JEANETTE

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City-State-Zip: CAPE CORAL FL 33910 City-State-Zip: CAPE CORAL FL 33910

SIGNATURE: ALEXANDER REID PRESIDENT 04/27/2016

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.