2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724457

Entity Name: GULLWING APARTMENT CONDOMINIUM, INC.

FILED Feb 03, 2014 **Secretary of State** CC1705274577

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 02/03/2014

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title SECRETARY Title **PRESIDENT**

Name KINCEL, CHARLOTTE Name LETENDRE, DENNIS

C/O PROFESSIONAL REALTY C/O PROFESSIONAL REALTY Address Address

CONSULTANTS CONSULTANTS

PO BOX 100831 PO BOX 100831

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

TREASURER Title Title

REID, ALEXANDER Name WALLWIN, DON Name

Address C/O PROFESSIONAL REALTY Address C/O PROFESSIONAL REALTY **CONSULTANTS CONSULTANTS**

PO BOX 100831 PO BOX 100831

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

Title **DIRECTOR** Name EDWARDS, MIKE

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C/O PROFESSIONAL REALTY Address

CONSULTANTS

PO BOX 100831

City-State-Zip: CAPE CORAL FL 33910

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.

02/03/2014 SIGNATURE: LETENDRE, DENNIS **PRESIDENT**