

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000571

Entity Name: GULLWING BEACH RESORT CONDOMINIUM ASSOCIATION, INC.**FILED**
Feb 17, 2017
Secretary of State
CC0623002035**Current Principal Place of Business:**6620 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931**Current Mailing Address:**6620 ESTERO BOULEVARD
FORT MYERS BEACH, FL 33931**FEI Number: 65-0989110****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DESTEFANO, BONNIE S
6620 ESTERO BLVD.
FORT MYERS BEACH, FL 33931 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	S
Name	LAWRENCE, DAVID
Address	1125 SOUTH FRONTAGE ROAD, #4
City-State-Zip:	HASTINGS MN 55033

Title	PRESIDENT
Name	JOHNSON, PETER
Address	4247 COLTON CIRCLE
City-State-Zip:	NAPERVILLE IL 60564

Title	T
Name	STUMP, PATRICIA
Address	411 S. OAKWOOD DRIVE
City-State-Zip:	GREENWOOD IN 46142

Title	VP
Name	WHALEN, DAN
Address	880 RICHART LANE
City-State-Zip:	GREENWOOD IN 46142

Title	DIRECTOR
Name	PUTRAH, KATHY
Address	3305 HWY 60 WEST
City-State-Zip:	FARIBAULT MN 55021

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: DAVID LAWRENCE**SECRETARY****02/17/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date