FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:16

DOCUMENT # **752938** **(1)**

1. Corporation Name

GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI ON II, INC.

Principal Place of Business	Mailing Address
C/O W.W. SCHOO MANAGEMENT, INC. SUITE 8 FT. MYERS FL 33919 US	C/O W.W. SCHOO MANAGEMENT, INC. 12901 MCGREGOR BLVD FORT MYERS FL 33919 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/13/1980
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2165558 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 9411 Cypress Lake Drive	26 9411 Cypress Lake Drive
Suite, Apt. #, etc. 22 #2	Suite, Apt. #, etc. 27 #2
City & State 23 Fort Myers, FL	City & State 28 Fort Myers, FL
Zip / Country 24 33919 / 25 USA	Zip / Country 29 33919 / 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

W.W. SCHOO MANAGEMENT, INC.
12901-8 MCGREGOR BLVD
FT. MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name: W. W. Schoo Management, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 9411 Cypress Lake Drive
83: Suite #2
84 City: Fort Myers, FL 85 Zip Code: 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE _____ 3-10-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SHOO, WILLIAM	1.2 NAME	Schoo, William	
STREET ADDRESS	12901-8 MCGREGOR BLVD.	1.3 STREET ADDRESS	9411 Cypress Lake Drive #2	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE	DST	2.1 TITLE		☐ Change ☐ Addition
NAME	SCHOLES, DON	2.2 NAME		
STREET ADDRESS	8096 COUNTRY ROAD 105	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	SCHOO, PAUL	3.2 NAME	Schoo, Paul	
STREET ADDRESS	12747 CHATHAM DR	3.3 STREET ADDRESS	9411 Cypress Lake Drive #2	
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Fort Myers, FL 33919	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ William Schoo 4-10-95 8134844700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018443