FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

752938

(1)

GLADIC On II, I	DLUS GARDENS CONDOMINC.	INIUM ASSOCIATION, S	SECTI		
Principal Place	of Business	Mailing Address		{ (negli sere) Wille kedia taka ikira i	lærk minnt grådtt mrætn ærløn mank minnt andr
9411 CYPRESS	LAKE DR	9411 CYPRESS LAKE DR			
2		2			Section 1
FT MYERS FL 33918 US		FT MYERS FL 33919-4989 US		3. Date Incorporated or Qualified	3a. Date of Last Report
				06/13/1980	04/19/1996
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2165558	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zıp	Country	Zip	Country	8. This corporation has liability for in	
24	25	29	30		Yes No
	9. Name and Address of Curren	it Registered Agent	B1 Name	10. Name and Address of New Reg	glatered Agent
www.co	HOO MANAGEMENT INC				
W W SCHOO MANAGEMENT INC 9411 CYPRESS LAKE DR SUITE 2			82 Street Add	lress (P.O. Box Number is Not Acceptab	le)
FT MYERS FL 33919			63		
1 1 1111 161	10 7 E 000 10		84 City		85 Zip Code
					FL
 Pursuant to office or reagent. Lar 	to the provisions of Sections 617,050 egistered agent, or both, in the State in familiar with, and accept the obligi	2 and 617.1508, Florida Statute of Florida. Such change was a ations of, Section 617.0503, Flo	es, the above-named con authorized by the corpora orida Statutes.	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
SIGNATURE _					
12.	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS	E Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
THE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MAGLOTT, GLENN		1.2 NAME		
STREET ADDRESS	161 CHURCH ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	BELLVILLE OH		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DÉLETE	2.1 TITLE		/ Change Addition
NAME	PATTON, GARNETT 12311 PLANTAITON DR		2.2 NAME		
STREET ADDRESS	SPOTSYLVANIA VA		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TD	☐ DELETE	2. 4 CITY-ST-ZIP	TD	Change Addition
NAME	RAYMOND, JAMES		3.2 NAME	• •	- · · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	488 HARMONY LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	EDINBURG VA	· · · · · · · · · · · · · · · · · · ·	3.4, CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	, , , , , , , , , , , , , , , , , , ,	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		

14. I do hereby certify that the information supplied with this filing 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 arm 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.

FILED

May 20 1997 8:00am

Secretary of State