

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90128 036 ****61.25

DOCUMENT # 752938

1. Entity Name

**GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTI
ON II, INC.**

Principal Place of Business

**9411 CYPRESS LAKE DR
2
FT MYERS FL 33919
US**

Mailing Address

**9411 CYPRESS LAKE DR
2
FT MYERS FL 33919
US**

2. Principal Place of Business

**CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVENUE
FT. MYERS, FL 33901**

3. Mailing Address

**CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVENUE
FT. MYERS, FL 33901**

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2165558

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**W W SCHOO MANAGEMENT INC
9411 CYPRESS LAKE DR SUITE 2
FT MYERS FL 33919**

7. Name and Address of New Registered Agent

**KENNETH D. RAGER
CAPITAL PROPERTIES GROUP, INC.
3364 CLEVELAND AVENUE
FT. MYERS, FL 33901**

City

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/02

**After September 13, 2002,
min. will be \$236.25.**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **MAGLOTT, GLENN**
STREET ADDRESS **161 CHURCH ST**
CITY-ST-ZIP **BELLVILLE OH**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **STD** ☐ Delete
NAME **MCMAHON, LAMBERT**
STREET ADDRESS **3623 MERRITT LAKE DRIVE**
CITY-ST-ZIP **METAMORA MI 48455**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **RAYMOND, JAMES**
STREET ADDRESS **488 HARMONY LN**
CITY-ST-ZIP **EDINBURG VA**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

7/15/02 941-481-1414

CR2E037 (4/02)