2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 27, 2004 8:00 am Secretary of State 04-27-2004 90073 030 ****61.25

DOCUMENT # 752938 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION INC.				W. N.	0	4-27-2004 9	90073 030) ****61	25	
Principal Place of Business CAPITAL PROPERTIES GROUP INC 3364 CLEVELAND AVE FORT MYERS, FL 33901 US Mailing Address CAPITAL PROPERTIES GROUP 3364 CLEVELAND AVE FORT MYERS, FL 33901 US							nau piaa 2120 21	68071 		
P & M Property Management P & M Property Management							/ a i/ a/ai/ a/ai/ ai	AN ALLA ALLAND		
	San Carlos Blvd. # 40	P & M Property Management 15660 San Carlos Blvd. # 40			02112004 Ch	~ ND	CD05037 ((10(00)		
	Tyers, Florida 33908	Fort Myers, Florida 33908		∪	01.	g-NP —	CR2E037 (-	
101(1)	1,010,11011400000000000				4. FEI Number 59-2165558	}		Applie Not Ap	pplicable	
z.ip——	Country :		Country		5. Certificate of Sta	tus Desired		.75 Addition Required	nat	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
RAGER, KENNETH D CAPITAL PROPERTIES GROUP INC 3364 CLEVELAND AVE FORT MYERS, FL 33901				Stree P & M Property Management 15660 San Carlos Blvd. # 40 City Fort Myers, Florida 33908						
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 application. (NOTE: Registered Agent signature required when reinstating) DATE									accept	
	Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution.				ke check pa la Departme			
10. OFFICERS AND DIRECTORS 11				IC	ADDITIONS/CHANGE	S TO OFFICERS	1 - 1			
TITLE NAME	DT . SHOLES, DON	Delete	TITLE NAME	7/5	SIEVE	BUCK		Change	Addition	
STREET ADDRESS	161 CHURCH ST		STREET ADDRESS	•	0140 0	2014 11	KY KJ		כנ	
CITY-ST-ZIP	BELLVILLE, OH		CITY-ST-ZIP		FT. M	YERS.	, F 1	3391	9	
TITLE NAME	STD MCMAHON, LAMBERT	☐ Delete	TITLE NAME	Р	LAMBOR	L Man	MAHUM	Change [Addition	
STREET ADDRESS	3623 MERRITT LAKE DRIVE		STREET ADDRESS	8	148 COL	MTRY	/ RD/	r 104		
CITY-ST-ZIP	METAMORA, MI 48455		CITY-ST-ZIP	Ĕ	T. MYE	RS FL	<u> 339</u>	19		
DTLE	DS "	Delete	TITLE	VΡ	JAMES	MOH C	AHAM		Addition	
NAME STREET ADDRESS	LEISURE, LINDA 488 HARMONY LN		NAME STREET ADDRESS		8148 CC	JUNTI	sy Bi) 好台	204	
CITY-ST-ZIP	EDINBURG, VA		CITY-ST-ZIP		FT. M	YERS	, FL	339	19	
TITLE		☐ Delete	TITLE			<u></u>] Change	Addition	

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS CITY-ST-ZIP

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Daytime Phone # Pd# 2274

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