## 2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## **DOCUMENT # 752938**



## **FILED** Jun 15, 2005 8:00 am Secretary of State

| 1. Entity Name GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION II, INC.   |   |   |                            |  | 06-15-2005 90093 011 ****61.25                |  |   |  |
|--|---|---|----------------------------|--|---|--|---|--|
| Principal Place of Business P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 US                  |   | Mailing Address P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908 US |                            |  | : 1571 B 1870 B 1856; 1801 B7811 B1811 B1811  | N 5164 61511 51611131 61 76-1  | n and the same of |  |
| 2. Principal Place of Business   |   | 3. Mailing Address  |                            |  |   |  | 16 / FE   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.   |                            | 01112005 C   | hg-NP CR2E03                                  | 7 (10/03)  | د در  |  |
| City & State   |   | City & State  |                            | 4. FE! Number 59-216555                            | 58  | Applied For<br>Not Applicable  |   |  |
| Zip  | Country   | Zip   | Country                    | 5. Certificate of S                                | tatus Desired                                 | \$8.75 Additional<br>Fee Required  |   |  |
|  | 6. Name and Address of Current  | Registered Agent  |                            | 7. Name and Add                                    | fress of New Registered A                     | igent  |   |  |
| RAGER, KENNETH D   |   |   | Name                       | Name   |   |  |   |  |
| P & M PROPERTY MANAGEMENT 15660 SAN CARLOS BLVD #40 FORT MYERS, FL 33908   |   |   | Street A                   | Street Address (P.O. Box Number is Not Acceptable) |   |  |   |  |
| 1011111111   | 11.0, 12 00000  |   | City                       |  | FL  | Zip Code   |   |  |
|  | named entity submits this statement for   | or the purpose of changing its re   | egistered office o         | r registered agent, or both, in                    | the State of Florida. I am f                  | amiliar with, and accept   | 1   |  |
| SIGNATURE .  |   |   |                            |  |   |  | 4   |  |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required |   |   |                            | ure required when reinstating)                     | DATE  |  | =   |  |
| Filing Fee is \$61.25 9. Election Carr Due by May 1, 2005 Trust Fund C   |   |   |                            |  |   |  |   |  |
| 10.  | OFFICERS AND DI   | RECTORS   | 11.                        | ADDITIONS/CHANG                                    | ES TO OFFICERS AND DIF                        | RECTORS IN 10  | ]   |  |
| TITLE  | TS  | ☐ Delete  | TITLE                      |  |   | ☐ Change ☐ Addition  | \ <u>\</u> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\   |  |
| NAME   | BECKER, STEVE   |   | NAME<br>CERTE ADDRESS      |  |   |  | 13  |  |
| STREET ADDRESS CITY-ST-ZIP   | 8148 COUNTRY RD 205<br>FORT MYERS, FL 33919   |   | STREET ADDRESS CITY-ST-ZIP |  |   | ***  | 153 -   |  |
|  | P .   | <b>57</b>   |                            | •  |   | MAT OF THE PARTY O | վ ⊃ն  |  |
| title<br>Name  | MCMAHON, LAMBERT  | Delete  | TITLE<br>NAME              | JOAN MCMA  | HON   | Change   |   |  |
| STREET ADDRESS   | 8148 COUNTRY RD #104  |   | STREET ADDRESS             | 8148 COUP  | ITRY RD # 10                                  | <b>)</b> 4   |   |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33919  |   | CITY-ST-ZIP                | FT. MYERS  |   |  | <i>\sigma</i>   |  |
| TITLE  | VP  | ☐ Detete  | TITLE                      | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,            | , , <u>, , , , , , , , , , , , , , , , , </u> | ☐ Change ☐ Addition  |   |  |
| NAME   | MOHAHAN, JAMES  |   | NAME                       |  |   |  | <i>→</i> -  |  |
| STREET ADDRESS   | 8148 COUNTRY RD #204  |   | STREET ADDRESS             |  |   |  |   |  |
| CITY-ST-ZIP  | FORT MYERS, FL 33919  |   | CITY-ST-ZIP                |  |   |  | <u> </u>  |  |
| TITLE  |   | ☐ Delete  | TITLE                      |  |   | ☐ Change ☐ Addition  | B)  |  |
| NAME   |   |   | NAME                       |  |   | •  | <b>T</b>  |  |
| STREET ADDRESS<br>CITY-ST-ZIP  |   |   | STREET ADDRESS             |  |   |  | $\triangleright$  |  |
|  |   | <u>-</u>  | CITY-ST-ZIP                | ,            |   |  | <b>(</b> )-   |  |
| title<br>Name  |   | ☐ Delete  | TITLE<br>NAME              |  |   | Change Addition  | $\sim$  |  |
| STREET ADDRESS   |   |   | STREET ADDRESS             |  |   | •  | 15  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP                |  |   |  | $\mathbf{Z}$  |  |
| TITLE  |   | ☐ Delete  | TITLE                      |  |   | Change Addition  | Z   |  |
| NAME   |   | L. Delete   | NAME                       |  |   | Jaddittyii   | IT  |  |
| STREET ADDRESS   |   |   | STREET ADDRESS             |  |   |  | <u>.</u>  |  |
| CITY-ST-ZIP  |   |   | CITY-ST-ZIP                |  |   |  |   |  |
| indicated  | certify that the information supplied wit<br>on this report or supplemental report i<br>poration or the receiver or trustee emp | is true and accurate and that my  | signature shall h          | ave the same legal effect as                       | if made under oath; that I a                  | m an officer or director   |   |  |
| changed,   | or on an attachment with an address,  | with all other like empowered.  | , ,                        |  |   |  |   |  |
| SIGNATURE: 5 Steve Becker 6/13/05 239.464149   |   |   |                            |  |   |  |   |  |