2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State
04-25-2003 90278 022 ****61.25

DOCUMENT # 752938

1. Entity Name

GLADIOLUS GARDENS CONDOMINIUM ASSOCIATION, SECTION II, INC.

Principal Place of Business	Mailing Address
CAPITAL PROPERTIES GROUP INC 3364 CLEVELAND AVE FORT MYERS FL 33901 US	CAPITAL PROPERTIES GROUP INC 3364 CLEVELAND AVE FORT MYERS FL 33901 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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	7. Name and Address of New Registered Agent
RAGER, KENNETH D CAPITAL PROPERTIES GROUP INC 3364 CLEVELAND AVE FORT MYERS FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MAGLOTT, GLENN 161 CHURCH ST BELLVILLE OH	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NT DON SHOLES	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MCMAHON, LAMBERT 3623 MERRITT LAKE DRIVE METAMORA MI 48455	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RAYMOND, JAMES 488 HARMONY LN EDINBURG VA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS LINDA LEISURE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

12. I 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 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: Kenneth McMahon 3/14/03 239-432-0806