

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 721246 (7)  
1. Corporation Name  
THE GLADES COUNTRY CLUB APTS. ASSOCIATION, INC.



Principal Place of Business Mailing Address  
174 TERYL ROAD 174 TERYL ROAD  
NAPLES FL 33962 NAPLES FL 33962

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/28/1971		3a. Date of Last Report 03/08/1995	
21		26		4. FEI Number 59-2310817		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HESEL, MICHAEL I.  
174 TERYL RD  
NAPLES FL 33962

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SPRACKMAN, E. MANNING	
STREET ADDRESS	113 PENNY LANE #3	
CITY - ST - ZIP	NAPLES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DERBYSHIRE, GEORGE H.	
STREET ADDRESS	189 HARRISON RD. #3	
CITY - ST - ZIP	NAPLES FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ACKERMAN, LOUIS	
STREET ADDRESS	84 GLADES BLVD #2	
CITY - ST - ZIP	NAPLES FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PUMPHREY, HAROLD	
STREET ADDRESS	233 PALM DR 1	
CITY - ST - ZIP	NAPLES FL	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	APPEL, HAROLD	
STREET ADDRESS	175 PENNY LANE 2	
CITY - ST - ZIP	NAPLES FL	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	SEGUR, WILLIAM	
STREET ADDRESS	136 HARRISON RD. #1	
CITY - ST - ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)