

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

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



|  |  |   |  |
|--|--|---|--|
| Principal Place of Business<br><b>174 TERYL ROAD<br/>NAPLES FL 33962</b>   |  | Mailing Address<br><b>174 TERYL ROAD<br/>NAPLES FL 33962</b>  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.   |  | 2a. Mailing Address<br>26 Suite, Apt. #, etc.   |  |
| 22 City & State  |  | 27 City & State   |  |
| 23 Zip <b>34112</b> Country  |  | 28 Zip <b>34112</b> Country   |  |
| 24   |  | 30  |  |
| 3. Date Incorporated or Qualified<br><b>06/28/1971</b>   |  | 4. FEI Number<br><b>59-2310817</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>HESSSEL, MICHAEL I.<br/>174 TERYL RD<br/>NAPLES FL 33962</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City <b>FL</b> 85 Zip Code <b>34112</b> |  |
|--|--|--|--|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|                            |  |   |  |
|----------------------------|--|---|--|
| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
| TITLE                      | TD <b>SPRACKMAN, E. MANNING</b> <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>113 PENNY LANE #3</b>   | 1.2 NAME  |  |
| STREET ADDRESS             | <b>NAPLES FL</b>   | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | PD <b>DERBYSHIRE, GEORGE H.</b> <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>189 HARRISON RD. #3</b>   | 2.2 NAME  | <b>PD CHARLES WHITE</b>  |
| STREET ADDRESS             | <b>NAPLES FL</b>   | 2.3 STREET ADDRESS                                    | <b>277 PALM DR. #1</b>   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       | <b>NAPLES, FL 34112</b>  |
| TITLE                      | SD <b>BEHLING, WILLIAM</b> <input checked="" type="checkbox"/> DELETE      | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>279 ALBI RD #4</b>  | 3.2 NAME  | <b>SD JOSEPH SCILLATO</b>  |
| STREET ADDRESS             | <b>NAPLES FL 34112</b>   | 3.3 STREET ADDRESS                                    | <b>253 WINNERS CIRCLE, #4</b>  |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       | <b>NAPLES, FL 34112</b>  |
| TITLE                      | VD <b>SURDY, TED</b> <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>124 WINDING WAY., #2</b>  | 4.2 NAME  | <b>VD PAUL LINK</b>  |
| STREET ADDRESS             | <b>NAPLES FL 34112</b>   | 4.3 STREET ADDRESS                                    | <b>145 TRAY RD, #1</b>   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       | <b>NAPLES, FL 34112</b>  |
| TITLE                      | ASD <b>APPEL, HAROLD</b> <input checked="" type="checkbox"/> DELETE        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>175 PENNY LANE 2</b>  | 5.2 NAME  |  |
| STREET ADDRESS             | <b>NAPLES FL 34112</b>   | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |  | 6.2 NAME  |  |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |  |

14. 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 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: **CHARLES WHITE** **Paul Link** **2/25/98**

CR2E037 (10/97)